

DELTA KAPPA GAMMA
Indiana State Organization
STATE CONVENTION
APRIL 23-25, 2021
Plymouth, IN

Title of Poster _____

Subject of Poster _____

Person Responsible (Include Chapter Name)

Your address _____

City _____ State _____ Zip Code _____

Telephone numbers where you can be reached: (Home) _____

(Cell) _____ (Business) _____

E-mail address _____

Questions or concerns (**Please note that the posters must be self-standing.**) _____

(Note: All posters need to be brought to the convention Friday evening or Saturday morning.
All posters must be removed by Saturday late afternoon.)

Do you give Delta Kappa Gamma permission to publish information about you and your poster?

Please submit this form by **February 1, 2021.**

Mail to Stephanie Walsh 2323 Franklin Street, Tell City, IN 47586 OR email to kswalsh@att.net