

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

Title of Program _____

Subject of Program _____

Name of Presenter _____

Professional Title/Position _____

Are you a chapter member? _____ If yes, chapter name _____

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On the back of this paper or on an attached sheet, please give a brief summary of your program. Briefly outline the content and presentation method. Please list your goals for the program. Include a brief paragraph about yourself that can be used to introduce you in the program, in the newsletter, and at the conference.

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

Please submit this form by **October 31, 2020**.

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