



Please print information

## STATE REPRESENTATIVE CHAPTER VISIT REQUEST

### For A Louisiana State Organization Representative

Deadline: One visit per Chapter President's Biennium

Email completed form to [LaDKGpresident@gmail.com](mailto:LaDKGpresident@gmail.com)

Each chapter may request an official visit from a **member of the Louisiana State Organization leadership team (officers, personnel, district directors, committee chairmen and members)** during the chapter president's biennium. Louisiana State Organization will pay the expenses for one chapter visit (approved by the state president) per chapter during the chapter president's biennium. The representative may visit one of your general meetings, have a personal conference, meet with your Executive Board, a committee, or coordinating council, or present a program. Due to budgetary constraints, please take distance into consideration when making your request. A request for this service may be made at any time. Please submit at least one month prior to the proposed date of the visit. If you wish the representative to give or participate in a program, please specify the type of program. Take advantage of this service and opportunity for your chapter!

**Submit your request to the Louisiana State Organization President for approval.** It is a good idea to contact the visitor prior to submitting the form to be sure that she is available. It is the responsibility of the chapter to make the official invitation once approval has been obtained and to provide details of the visit.

CHAPTER \_\_\_\_\_ DISTRICT \_\_\_\_\_

CHAPTER PRESIDENT \_\_\_\_\_ EMAIL \_\_\_\_\_

Indicate your preference of Louisiana State Organization representative:

1st Choice

Alternate

Meeting Information:

First Choice

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_ Type of Meeting \_\_\_\_\_

Alternate Date:

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_ Type of Meeting \_\_\_\_\_

**Do Not Write in this section.**

APPROVAL

(State Representative to chapter, please submit a copy of this form with your Request for Reimbursement)

Date \_\_\_\_\_

Louisiana State Organization President