

Chapter Planning Session

Chapter: _____ University: _____

Contact: _____ Phone: _____

E-mail: _____

Schedule (pick one):

- Friday evening (5:00-9:00 pm) through Saturday (8:30 am-5:30 pm) _____
Dates _____
- Saturday (8:30 am-5:30 pm) through Sunday (8:00 am-Noon) _____
Dates _____
- Weekdays Noon to Noon _____
Dates _____

Flight arrangements will be made based on the schedule selected above. Any cancellations must be made five or more days in advance. Any cancellation or change fees will be billed back to the chapter.

Chapter needs to make reservations for Zane Akins nearby, preferably with an alumnus, and provide transportation, if possible.

Alumnus or hotel: _____	Reservation made for nights of _____
Phone: _____	Confirmation # _____
Address: _____	City, St, Zip: _____
Transportation Provided? _____	If yes, contact person _____
Phone _____	E-mail: _____

Participants: Somewhat equal number of undergraduate leaders and alumni representatives (Minimum of 5 each with no Maximum). List additional participants on a second page.

Undergraduates/office	Alumni representatives/office
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Meeting space (to be provided by Chapter). A location other than chapter house is preferred to minimize interruptions and distractions.

- _____ Open U table set-up with chairs on the outside.
- _____ Screen and overhead projector.
- _____ Flip charts (2) on easels, markers, and masking tape.
- _____ Laptop or computer with PowerPoint with someone to prepare the plan as developed and project on the screen. (To be printed out later if printer not available).
- _____ Lunch and/or dinner either catered or location selected in advance.

Please return to the Home Office: Fax: 816-891-9401 or E-mail: Rachelle@AlphaGammaRho.org

