



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA**

**NYS ORGANIZATION DKG (2019-2021)  
Area Council Conference Date Request Form**

**Conference Date Request:** *The Area Council Chair shall submit an Area Conference date to the NYS Organization DKG 2<sup>nd</sup> Vice President six months prior to the event (SR 4.12). No more than two Area Conferences shall be held on the same date (SR 6.12)*

Name of Area Council: \_\_\_\_\_

Area Council Chair (Person making the Request): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Proposed Date of Event:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Conference Chair: \_\_\_\_\_

Conference Registrar: \_\_\_\_\_

Please return form to: **Renee Funke, NYS Organization DKG  
2<sup>nd</sup> Vice President (2019-21)  
9741 Gibson Hill Road  
Cattaraugus, NY 14719  
[reneefunke@yahoo.com](mailto:reneefunke@yahoo.com)**