

# 2009-10 District Day Workshop Presenter Interest Form



Name \_\_\_\_\_ District \_\_\_\_\_ Chapter \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Current volunteer position \_\_\_\_\_

Length held \_\_\_\_\_

Workshop interest: (check all that apply)

- I am beautiful – self-esteem, confidence, significance
- I am healthy – general health, exercise
- Being the best sister – membership expectations, leadership
- Me, myself and money – budgeting, costs after college
- Learning and learning styles – incorporating into the chapter, studying
- Using technology – current trends, how to effectively use,
- Ritual workshop – bringing things back to ritual again
- Other (*please specify*): \_\_\_\_\_

*Note: Some districts may have options for other workshops aside from the ones listed above; this will not apply to all districts.*

Please tell us why you are interested in presenting a workshop:

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Forms may be submitted to national headquarters: 9002 Vincennes Circle Indianapolis IN 46268,  
e-mailed to [nspears@alphasigmaalpha.org](mailto:nspears@alphasigmaalpha.org) or faxed to 317-871-2924.