THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

PENNSYLVANIA STATE CONVENTION Friday, June 12 –Sunday, June 14, 2020

The Nittany Lion Inn, State College, PA

Please print ONE NAME per form. Send this entire form to:
BARBARA TOBIAS, CONVENTION TREASURER
2165 Long Lane, Lebanon, PA 17046-1850

Name_____
Title Last First (as preferred on name badge)
Address_____
City_____ State_____Zip Code_____
Local Chapter_____ Phone Number_____
E-Mail Address_____

Please check ALL pertinent categories:

_____ Outgoing Chapter President
_____ Incoming Chapter President
_____ State Chorus participant
_____ Honorary Member or Guest
_____ Doctorate degree in 2019-20
_____ First Timer to Convention*(Complimentary Saturday breakfast)
_____ Member since 1980 or earlier: Year initiated_____
_____Workshop Presenter** (Comp. Sat. luncheon ***if*** not a Society member)
_____ State Officer and/or State Committee member
_____ Chapter Focus Table—Saturday only (include $30 with registration)
_____Interested in Friday Escape Room from 2:30-4 p.m. (include $25 nonrefundable with registration)

Registration (non-refundable, postmarked on or before May 14, 2020.) Late registrations between May 15-May 31.
No reservations or cancellations may be made after May 31, 2020. Tickets will be collected for all meal functions.
Checks payable to Delta Kappa Gamma. (If you must cancel, please call 717-273-0585.)

Weekend ..... $40.00 $_____
OR One Day: Friday, June 12 ..... 15.00
Saturday, June 13 ..... 25.00
Sunday, June 14 ..... 15.00 _____
Late Registrations (Postmarked between May 15-May 31)..... Double above _____

MEALS: Saturday, June 13, 2020
Continental Breakfast* ..... 15.00 _____
Celebration Luncheon** ..... 25.00 _____
Presidents' Banquet ..... 45.00 _____
Please select_____ Chicken or _____ Salmon for Banquet
Sunday, June 14, 2020
Breakfast Buffet..... 25.00 _____

TOTAL $_____

Menus are posted on our website. For special dietary needs, mark below:
_____ Gluten-free diet _____ Lactose intolerant _____Vegan
_____ Vegetarian Allergy to _____

PLEASE SEND ALONG YOUR WORKSHOP SELECTIONS
AND PHOTO PERMISSION SLIP WITH THIS REGISTRATION FORM

Please fill out this page and send it along with your registration form for State Convention.

Select one Workshop for the morning and one for the afternoon. The *workshops are ACT 48 eligible.

_____ Please check here If you want ACT 48 credit; you must also include a $5.00 fee with your registration which covers one or two workshops.

Morning Workshops	Afternoon Workshops
_____EEC/World Fellowship	_____Nominations/Parliamentarian/Outgoing Presidents/Secretaries
_____Membership/State Achievement	_____ Finance/Treasurer/Rules
_____Scholarship/Historical Records	_____ Communication/Website/Newsletter
_____Journey Dance with Gisele	_____* Online Game Development
_____* STEM Through Literacy	_____* STEM Projects for Elementary Classrooms
_____ * Mindfulness in the Classroom	_____ Okay, I have Written a Book….Now What?

International Society for Key Women Educators

DELTA KAPPA GAMMA

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Name
Organization of DKG to create, copy, reproduce, exhibit, publish or distribute my image.

I understand that the above uses may include but are not limited to video, photographs, websites, multimedia programs or other types of promotional medium existing now or in the future.

_____ DOB_____/_____/_____
Name (Please print)

_____ _____
Street Address 1 Phone

_____ _____
Street Address 2 Email

_____
City, State, Postal Code

_____ Date _____/_____/_____
Signature

Lodging Reservation Form

Pennsylvania State Convention
June 12-14, 2020

This form should be sent directly to Penn State Hospitality Services.
For phone reservations, be sure to mention our DKG Society ID: #DELF20A

Penn State Hospitality Services
Central Reservations Dept.
215 Innovation Boulevard
State College, PA 16803
pennstatehotels.com
800.233.7505 FAX: 814.863.5004

Please Print

Check-in time: 3:00 p.m. Check-out time: 12:00 noon

Arrival Date_____ Departure Date_____

Name_____E-Mail_____

Address_____Phone_(_____)_____

City_____State_____ Zip Code_____

Rooming with_____ _____ one bed _____ two beds

Special Requests_____

Please guarantee your reservation by giving a major credit card number or advance deposit in the amount of one night's room and tax. Seventy-two (72) hours advance notice is required for cancellations.

Guarantee: Deposit Amount_____

Or Credit Card Name/Number_____ Expiration date_____

Room Rates (add 8.5% occupancy tax):	Single:	$136.00 per night
	Double:	$136.00 per night
	Triple:	$136.00 per night
	Quad:	$136.00 per night

Rooms must be occupied by persons making the reservation under DKG Society ID #DELF20A. Notify hotel if there is a substitute person taking that room.

RESERVATION DEADLINE: MAY 15, 2020 – There are a limited number of rooms in our block, so please reserve early. Rooms are available on a first-come, first-served basis.