

New York City Alumnae Panhellenic
2009/2010

Program Planning Initiative

Organization: _____
Contact name: _____
Contact email: _____
Event Title: _____
Location: _____

Please check off the category of event:

Philanthropy ___ Social ___ Cultural ___ Networking/Business ___ Other ___

Program description: _____

Estimated event date: _____

What role would you like NYCAP to play?

Thank you for your time. Email this form to nycapsecretary@gmail.com.