



OFFICE OF ADMISSIONS Liaison Recruiter Workshop Request Form

Requestor's Name: _____ Chapter: _____

Details on Workshop Location: _____

Today's Date: _____ Date Workshop Requested: _____

Number of Attendees: _____

Requestor's Contact Information:

Home: _____ Cell: _____

Email Address: _____

Home Address: _____ State: _____ Zip: _____

WHERE KNOWLEDGE AND CHARACTER MATTER

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