



DELEGATE COMMITTEE RESPONSE FORM

*48th TRIENNIAL MEETING OF THE EPISCOPAL CHURCH WOMEN
SALT LAKE CITY, UTAH
June 25 – July 2, 2015*

Name: _____

Diocese: _____ *Province:* _____

Address: _____

City, State & Zip: _____

Telephone: Day: _____ *Evening:* _____

Email: _____

Have you previously served on a Triennial Meeting Delegate Committee?
_____ *Yes* _____ *No*

If so, which Triennial Meeting(s) and what year(s)?

Which committee(s) are you interested in serving on in Salt Lake City?

Please check below:

<i>Credentials</i>	_____
<i>Certification of Minutes</i>	_____
<i>Communications/Press</i>	_____
<i>Evaluations</i>	_____
<i>Hospitality</i>	_____
<i>Resolutions</i>	_____
<i>Timekeepers</i>	_____

PLEASE RETURN THIS FORM BEFORE MARCH 31, 2015:

Nancy Crawford
1595 East 31st Avenue
Eugene, OR 97405
Email: president@ecwnational.org

Or

Complete Form Online at
www.ecwnational.org



FORMULARIO PARA LOS COMITES DE DELEGADAS

*48th REUNION TRIENAL DE LAS MUJERES DE LA INGLESIA EPISCOPAL
SALT LAKE CITY, UTAH
25 De Junio, 2015 - 1 De Julio, 2015*

Nombre: _____

Diocesis: _____ *Provincia:* _____

Direccion: _____

Ciudad, Estado, Codigo Postal: _____

Telefono: Dia: _____ *Noche:* _____

Email: _____

Ha servido como miembro del Comité de Delegadas del Trienio en el pasado?
_____ *Si* _____ *No*

Si es así, En que comité(s) ye en que año(s)?

En que comites le interesaria servir en Salt Lake City?

- Credenciales* _____
- Certificacion de Actas* _____
- Comunicaciones/Prensa* _____
- Evaluaciones* _____
- Hospitalidad* _____
- Resoluciones* _____
- Cronometradora* _____

SI ESTA INTERESADA

ENVIE ESTE FORMULARIO ANTES DEL 31 MARZO 2015:

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