

GSNA CONFERENCE VOLUNTEER FORM

Please list members who are willing to volunteer at the annual conference.

Please make sure the names submitted are names of people
that **WILL BE** attending the conference.

(Please make as many copies of the form as you need.)

Please return this form to the GSNA Headquarters office by **March 1, 2022.**

Name _____ County _____

Phone (____) _____ Fax (____) _____ E-mail _____

Address _____

Days Available: Thursday Friday Saturday (check all that apply) City _____ State _____ Zip Code _____

Availability: Mornings Afternoons Evening

Please Check: Registration Workshop Presider General Session Host/ Hostess

Banquet Host/ Hostess Ambassador Silent Auction

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Name \_\_\_\_\_ County \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Days Available:       Thursday       Friday       Saturday (check all that apply)      City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Availability:       Mornings       Afternoons       Evening

Please Check:       Registration       Workshop Presider       General Session Host/ Hostess

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Please return this form to the GSNA Headquarters office by March 1, 2022. GSNA, 2372 Main St., Tucker, GA 30084 FAX: 770-934-8917