



# Illinois Directors of Student Activities PARTICIPATION QUESTIONNAIRE

Name: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I would like to participate in the IDSA in the following capacity:

Board member \_\_\_\_\_

2008 Presenter \_\_\_\_\_ Topic: \_\_\_\_\_

Description: \_\_\_\_\_

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Please forward the above information to: Therese McLaughlin  
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