

INFORMATION FORM

**TO BE SENT TO WORTHY GRAND MATRON OR DEPUTY
AT LEAST 30 DAYS PRIOR TO OFFICIAL VISIT OR INSPECTION**

Date of Official Visit or Inspection: _____ Time: _____

Chapter Name and Number: _____

Address of Meeting Place: _____

Worthy Matron's Name: _____

Worthy Matron's Cell Phone No.: _____ Home Phone No.: _____

Accommodations (Name of Hotel, Address, Telephone Number, Confirmation number, and Name of Chapter Officer who made the reservations): _____

Arrangements for banquet or meal (Where and What Time): _____

Inspection of Books (Where and What Time): _____

Name, Cell Phone Number and Home Phone Number of person who will be picking up the Worthy Grand Matron or Deputy: _____

Time that Worthy Grand Matron or Deputy will be picked up: _____

Grand Instructor Name: _____

Grand Instructor Cell Phone No.: _____ Home Phone No.: _____

Grand Instructor E-Mail Address: _____