



INTERNATIONAL
SPECIAL EVENTS SOCIETY
GREATER WASHINGTON, DC CHAPTER

Student Tracking Form

Name _____

Company _____

Title _____

Work Phone _____ Home Phone _____

Cell Phone _____ Email _____

Fax _____

I'm available to volunteer (circle): Days Evenings Weekends

I'm in an event management program (circle) Yes No Graduated

Name of school _____

To verify your required 10 volunteer hours per year, please have your Committee Chair(s) complete the section below. Attach additional sheets if necessary.

_____	_____	_____	_____
Committee Chair	Event	Date	# Hrs.
_____	_____	_____	_____
Committee Chair	Event	Date	# Hrs.
_____	_____	_____	_____
Committee Chair	Event	Date	# Hrs.
_____	_____	_____	_____
Committee Chair	Event	Date	# Hrs.

Please return to:

Angela Lee
Director of Students
Amazing Affairs, LLC
15507 Norwegian Court
Bowie, MD 20716
or
amazingaffairs@aol.com