OMICRON DELTA EPSILON
CHAPTER REPORTING FORM

The following form is to be completed by each chapter and submitted to the Central Office by April 30th. Information from this form will be included on the ODE website, as well as keeping Central Office informed as to chapter activities. Please mail the completed form to Omicron Delta Epsilon, PO Box 1486, Hattiesburg, MS 39403-1486, or fax it to 1-601-264-3669, or email the information to Information@OmicronDeltaEpsilon.org.

Chapter Name: _____

School Name: _____

Faculty Advisor: _____

Address: _____

City: _____ **State:** _____ **Zip:**_____

Telephone number: _____ **Fax:** _____

Email: _____

President: _____ **Vice-President:** _____

Secretary: _____ **Treasurer:** _____

Total Number of Chapter Members: _____

Chapter Web Address: _____

List Chapter activities held or planned this academic year. List date of the activity and a brief description. (If more space is needed attach additional pages).

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Submitted by: _____
Faculty Advisor