



Phi Mu Alpha Sinfonia
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PROVINCE WORKSHOP REPORT FORM

TO BE COMPLETED BY THE PROVINCE GOVERNOR AND SUBMITTED TO THE NATIONAL HEADQUARTERS NO
 LATER THAN TWO WEEKS FOLLOWING THE PROVINCE WORKSHOP

Workshop Statistics

Province #: _____ Date: _____ Location (city, state, host chapter): _____

Names of Chapters Represented: _____

Names of Chapters not Represented: _____

Stated reasons for non-attendance _____

of Attendees:

Total	Collegiate	Alumni	Faculty	Probationary	Colony Members (If Applicable)

Names of Guest Speaker(s) (if applicable): _____

Were the Province Governor, Deputy Province Governor, CPR, and ACPR all present? Yes No

If not, list names/offices of those not in attendance. _____

Other Information

Did the Workshop include the following constitutionally required items?

Orientation for chapter officers Yes No Occurs at another annual event (date) _____

Cooperative province projects Yes No Occurs at another annual event (date) _____

(Mills Music Mission, recital, etc.)

Discussion of matters of national, Yes No Occurs at another annual event (date) _____

province, and local concern

Workshop topics as provided by Yes No Occurs at another annual event (date) _____

the Province Governors' Chair

List any significant items of business adopted by the Workshop delegates: _____

Election Results

Collegiate Province Representative

Name: _____ Chapter/Initiation Year: _____

Chapter Office(s) Held: _____

Preferred Nickname: _____ Cell Phone: _____

Preferred address: School Home Summer

School Address: _____ Email: _____

_____ Phone: _____

Home Address: _____ Email: _____

_____ Phone: _____

Summer Address: _____ Email: _____

_____ Phone: _____

Assistant Collegiate Province Representative

Name: _____ Chapter/Initiation Year: _____

Chapter Office(s) Held: _____

Preferred Nickname: _____ Cell Phone: _____

Preferred address: School Home Summer

School Address: _____ Email: _____

_____ Phone: _____

Home Address: _____ Email: _____

_____ Phone: _____

Summer Address: _____ Email: _____

_____ Phone: _____

If the province elects/appoints other province officers, attach additional pages as necessary containing their contact information.

Date these officers officially take office: September 1 December 15

Attach all completed, signed Chapter Workshop Reimbursement Forms and a completed Province Directory Information Sheet to this report. If available, attach a copy of the official Workshop minutes to this report. If minutes are not available, attach a copy of the official Workshop agenda to this report.

(Optional) Write an article about the province Workshop and send it via email to editor@sinfonia.org for publication in the *Red and Black*. (250 words or less)