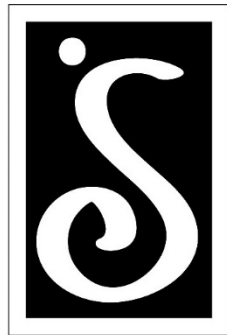


**SOROPTIMIST INTERNATIONAL  
OF THE AMERICAS, INC.**

**SOUTHERN REGION**



**S O R O P T I M I S T**

**Best for Women**

**FORMS MANUAL**

**JULY 2024**

# Procedures Section

**RESOLUTION OR AMENDMENT TO SOUTHERN REGION BYLAWS OR PROCEDURES**

**Conference Year:** \_\_\_\_\_

**Proposal #:** \_\_\_\_\_

**Proposed by:** \_\_\_\_\_ (Member) \_\_\_\_\_ (Club)

a) Amend Designated Bylaws or Procedures

b) Submit Resolution

**Now Reads:**

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**Would Read:**

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**Reason:**

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**Financial Impact:**

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NOMINATION FORM FOR OFFICERS AND DIRECTORS  
Clubs and/or Individual Members

SOROPTIMIST INTERNATIONAL OF \_\_\_\_\_

PRESIDENT/INDIVIDUAL MEMBER \_\_\_\_\_

DATE \_\_\_\_\_

To: Southern Region Nominating Committee

The following nominee is suggested for the office of \_\_\_\_\_ (Indicate Governor-elect, Secretary, Treasurer, or District Director. On District Director, please include District number.)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Nominee is a regular member in good standing of Soroptimist International of SI \_\_\_\_\_

Business/Profession/Title \_\_\_\_\_

Soroptimist Experience: (Give dates, if possible) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Comments: (On quality of leadership in Soroptimist responsibilities, fundamental knowledge of Soroptimist, its objects, ideals and programs, on abilities, experience in organization work, unusual leadership qualifications.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISTRICT NOMINATING COMMITTEE MEMBER \_\_\_\_\_

DATE RECIEVED \_\_\_\_\_

**ELIGIBILITY**

**Bylaws - 4.2** To be eligible for election to office, candidates must be regular members in good standing. In addition, candidate for Governor elect shall have served on the Region Board within eight years prior to the term for which being nominated and shall have served as Club President.

**TERM LIMITS**

**Procedures - Board – D. Term Limits**

A member who has served more than half a term in any office shall be deemed to have served a full term.

**DUE**

**Procedures 11c.** On or before December 31, Clubs and/or individual members shall submit names expressing interest including a statement of member qualifications (form 2p) to the applicable District Nominating Committee member or the Nominating Committee Chair.

**SOROPTIMIST INTERNATIONAL OF THE AMERICAS  
SOUTHERN REGION**

**CANDIDATE RESUME FOR OFFICERS AND DISTRICT DIRECTORS**

Candidate for the Office of \_\_\_\_\_

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

Address: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Business/Profession/Title \_\_\_\_\_

Regular Member of Soroptimist International of: \_\_\_\_\_

**SOROPTIMIST EXPERIENCE**

**Club:**

**Region:**

**Other:**

**EDUCATIONAL BACKGROUND**

**BUSINESS/PROFESSIONAL EXPERIENCE**

**MEMBERSHIPS IN OTHER ORGANIZATIONS (INDICATE OFFICES HELD)**

**RECOGNITION/HONORS RECEIVED**

**PLEASE STATE WHY YOU WISH TO SERVE AS AN OFFICER OR AS A DISTRICT DIRECTOR. WHAT IS THERE SPECIFICALLY IN YOUR BACKGROUND, TRAINING, EDUCATION AND INTERESTS THAT QUALIFY YOU? WHAT DO YOU SEE AS THE GOALS AND OBJECTIVES OF THE REGION? HOW WOULD YOU HELP ACHIEVE THESE GOALS? WHAT SPECIAL QUALITIES WOULD YOU BRING TO THE BOARD?**

*I hereby certify that the above information is true and that I am willing to serve if nominated and elected.*

*Signature of nominee:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Please submit picture suitable for distribution. Resume limited to this form only.**

**SOROPTIMIST INTERNATIONAL OF THE AMERICAS  
SOUTHERN REGION CONFERENCE**

**CONFERENCE CREDENTIALS FORM**

Upon arrival at REGION CONFERENCE, identification will be issued to each Delegate when Delegates register with the CREDENTIALS COMMITTEE at the Registration Desk.

Please complete the information below. Sign and return the original form to the Southern Region Treasurer no later than April 15th sure to keep a copy of the form in your club files. [dheld@southstatebank.com](mailto:dheld@southstatebank.com)

**CLUB:** \_\_\_\_\_

**DISTRICT:** \_\_\_\_\_

**DESIGNATE CODES NEXT TO THE NAMES BELOW:** (PD) PRESIDENT and DELEGATE  
(D) DELEGATE

**EACH CLUB IN GOOD STANDING IS ENTITLED TO THREE (3) VOTES.**

**NAME (Type or Print) CODE**

Alternate Delegate

Region Officers or Directors

SIGNED: \_\_\_\_\_  
(President or Secretary)

First Timers

\_\_\_\_\_

—

\_\_\_\_\_

Note: If a Delegate's name needs changing during the last week before conference, please do this at the Registration Desk upon arrival.

**CREDENTIALS REPORT**  
**SOUTHERN REGION CONFERENCE**

Date: \_\_\_\_\_

<b>Clubs in Southern Region</b> _____	<b>Clubs Represented</b> _____
<b>District I</b> _____	<b>District I</b> _____
<b>District II</b> _____	<b>District II</b> _____
<b>District III</b> _____	<b>District III</b> _____

**PRELIMINARY CREDENTIALS REPORT**

Presidents	
Delegates	
Board Members	
<b>Total Voting</b>	
Non-Voting Soroptimists	
Official Federation Visitor	
Federation Guest(s)	
Guests (Soroptimists)	
Guests (Non-Soroptimists)	
<b>Total Attendees</b>	

**FINAL CREDENTIALS REPORT**

Presidents	
Delegates	
Board Members	
<b>Total Voting</b>	
Non-Voting Soroptimists	
Official Federation Visitor	
Federation Guest(s)	
Guests (Soroptimists)	
Guests (Non-Soroptimists)	
<b>Total Attendees</b>	

**CREDENTIALS REPORT**  
**SOUTHERN REGION CONFERENCE**

Date: \_\_\_\_\_

<b>Clubs in Southern Region</b> _____	<b>Clubs Represented</b> _____
<b>District I</b> _____	<b>District I</b> _____
<b>District II</b> _____	<b>District II</b> _____
<b>District III</b> _____	<b>District III</b> _____

**District I**  
 Presidents \_\_\_\_\_  
 Delegates \_\_\_\_\_  
**Total Voting Delegates\*** \_\_\_\_\_

**District II**  
 Presidents \_\_\_\_\_  
 Delegates \_\_\_\_\_  
**Total Voting Delegates\*** \_\_\_\_\_

**District III**  
 Presidents \_\_\_\_\_  
 Delegates \_\_\_\_\_  
**Total Voting Delegates\*** \_\_\_\_\_

**Board Members** \_\_\_\_\_

**Total Voting Body** \_\_\_\_\_ **Total Voting Body** \_\_\_\_\_

**Non-Voting Soroptimists** \_\_\_\_\_  
**Official Federation Visitor** \_\_\_\_\_  
**Federation Guest(s)** \_\_\_\_\_  
**Guests (Soroptimists)** \_\_\_\_\_ (non-voting)  
**Guests (Non-Soroptimists)** \_\_\_\_\_ (non-voting)

**TOTAL ATTENDANCE:** \_\_\_\_\_

\*Includes Board members from District

Proposed City: \_\_\_\_\_ State: \_\_\_\_\_

Is there a local club? \_\_\_\_\_

If yes, are they able to help and how?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Airport and Average Prices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hotels and Prices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Attractions and Entertainment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Soroptimist International of \_\_\_\_\_ Club President: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed form by \_\_\_\_\_, to \_\_\_\_\_



**POLICIES AND FEES**

1. Mandatory Conference Registration for clubs is prepaid at a rate of \$200 per club.
2. Meal tickets are required for all meal functions and may be purchased as a full package or individual.
3. Registration badges are required for all conference sessions. All tickets and badges will be distributed on-site, at registration.
4. Full payment must accompany registration form. One form per registrant. Forms may be photocopied.  
Check or money orders only (no bills issued)
5. Your cancelled check will serve as confirmation of registration.
6. A Late Fee of \$20.00 will be added to registrations received after \_\_\_\_\_.  
Cancellations made after \_\_\_\_\_ are subject to a \$20.00 administration fee. Hotel prices may also be at a higher rate after \_\_\_\_\_, on a space available basis and cannot be guaranteed.
7. No refunds will be made for “no shows” and cancellations within 14 days prior to conference.
8. Full Package for Delegates includes all business sessions and workshops.
9. Full Package for Non-Delegates requires registration fee of \$25 and includes all business sessions and workshops.
10. Individual meals may be purchased.
11. Vegetarian meals will be substituted if requested on registration form.
12. Business casual attire will be worn for all business functions. Saturday Banquet – Casual Elegance - Sunday - Casual (travel).

**Soroptimist International Southern Region Conference**  
**Deposit/Expense Form**

Please Use One form for each budget item Requested Amount \$ \_\_\_\_\_  
 Check payable to one of the following:

Officer's Name \_\_\_\_\_ or Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail to: \_\_\_\_\_

**Attach original receipt/invoice to this form.**

Please place an "X" by the appropriate budget item

**INCOME**

**EXPENSES**

- |                               |                       |                       |
|-------------------------------|-----------------------|-----------------------|
| ___ Conference Meals          | ___ Meal              | ___ Hotel             |
| ___ Non delegate registration | ___ Entertainment     | ___ Programs/covers   |
| ___ Program Sponsorships      | ___ Seminars/Workshop | ___ Badges/Ribbons    |
| ___ Other (Describe)          | ___ Table Decorations | ___ Copy/fax/Computer |
| _____                         | ___ Flowers           | ___ Conference Bags   |
| ___ Donations                 | ___ Bartender         | ___ Equipment         |
| ___ Laurel Society Raffle     | ___ Public Relations  | ___ Postage/supplies  |
|                               | ___ Transportation    | ___ Hospitality       |

**Total Funds to be deposited** \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Source of Funds \_\_\_\_\_ Treasurer's Record \_\_\_\_\_

Governor's Approval \_\_\_\_\_ Date \_\_\_\_\_

Check# \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Southern Region Conference  
\_\_\_\_\_ Southern Region Board

**MOTIONS**  
**Soroptimist International of the Americas**  
**Southern Region**

**Date of Motion** \_\_\_\_\_

**Remember the following points in all motions:**

1. Who will follow through on the action? (Governor, Governor Elect, Board, Committee, etc.)
2. If money is involved, are funds available and how will it be financed?
3. Should there be a deadline date for completion of the action?
4. If the action requires "reporting back" – to whom? And when?
5. Is the motion clear to you and will it be clear to others?

**SUBJECT OF MOTION:**

\_\_\_\_\_

**MOVED THAT:**

Motion by \_\_\_\_\_  
(Signature)

SECRETARY'S RECORD

**Motion No.** \_\_\_\_\_

\_\_\_\_\_ **Carried**    \_\_\_\_\_ **Lost**    \_\_\_\_\_ **Referred**    \_\_\_\_\_ **Rescinded by Motion No.** \_\_\_\_\_

**VOTING:**    \_\_\_\_\_ **Unanimous**    \_\_\_\_\_ **Affirmative**    \_\_\_\_\_ **Negative**

## Southern Region Judge's Tally Sheet for Website Award

Conference Award is for the conference year 20\_\_\_\_\_

	<u>AWARD POINTS</u>	<u>JUDGE #1</u>	<u>JUDGE #2</u>	<u>JUDGE #3</u>	<u>TOTALS</u>
Content	25	_____	_____	_____	_____
Creativity	25	_____	_____	_____	_____
Overall Appearance	25	_____	_____	_____	_____
Use of Internet Tools	25	_____	_____	_____	_____
<b>TOTALS</b>	<b>100</b>	_____	_____	_____	_____

**Content** will be based on Soroptimist-specific information included on the website (LYD, VRA, Governor's Service Award, SI, SIA and club news, etc.).

**Creativity** will be based on innovation, overall layout, and design of the website, including use and creative placement of pictures and graphics.

**Overall Appearance** of the club's website will be based on overall presentation, color scheme, visual appeal and neatness.

**Use of Internet Tools** will be based on the effective use of links within the website, how interactive the website is, use of Pay Pal, Facebook, Twitter, LinkedIn or other similar tools, availability of forms (such as membership application forms, etc).

**NOMINATION FORM FOR SOUTHERN REGION HONOREE  
TO LAUREL SOCIETY**

Submit each 2<sup>nd</sup> year of the biennium to:  
Governor of Southern Region by the date stated in the Call to Conference

Soroptimist International of \_\_\_\_\_, in Southern Region, submits the following name for consideration by the Board:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above named person is a member in good standing of Soroptimist International of \_\_\_\_\_ in Southern Region for \_\_\_\_\_ years.

**Soroptimist Experience:**

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**Contributions to Southern Region:**

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SOROPTIMIST INTERNATIONAL OF \_\_\_\_\_

PRESIDENT \_\_\_\_\_

DATE \_\_\_\_\_

**LAUREL SOCIETY GUIDELINES**

1. Nomination form will be included in the call to conference each 2nd year of the biennium.
2. Must be a living member, in good standing, of a Southern Region club.
3. The honoree(s) may not be a member of the Southern Region Board making the selection.
4. A current member of the Laurel Society is not eligible.
5. The honoree(s) should be an extraordinary member whose contributions of time, talent and belief in the Soroptimist mission to improve the quality of life by participating in programs of service. Soroptimists who believe in this mission, who have extended friendship and have demonstrated success in their personal, career and club endeavors are ideal candidates.
6. The Board will select the honoree(s) from the nominees presented.
7. Form 14p shall be used to nominate a member(s).
8. Nominations must be received by the date stated in the Call to Conference.

Forms 15p and 16p deleted – They were for Governor’s Service Award

**SOROPTIMIST INTERNATIONAL OF SOUTHERN REGION**

**TRAVEL EXPENSE VOUCHER (Non Conference)**

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

Address: (Street, City, State, Zip) \_\_\_\_\_

Email: \_\_\_\_\_ Purpose of Expenses: \_\_\_\_\_

Itemize OTHER Expenses on Form 18p

20____ Mo/Day	Hotel	Meals	Registration	Transportation/ Mileage	Tolls/ Tips	Explain
____/____						
____/____						
____/____						
____/____						
____/____						
____/____						
____/____						
<b>Total</b>						

**Final Total Reimbursement** \_\_\_\_\_ Return with Receipts to Region Governor

Requestor's Signature:		Governor's Approval Signature:	
Title:		Name (Print):	
Date: / /20	Telephone Number:	Date: / /20	Within Budget Y/N/In Kind

**Budget Categories/Amounts to be Charged:** \_\_\_\_\_

**Treasurer Section**

Check No: \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_\_ Initials \_\_\_\_\_

**SOROPTIMIST INTERNATIONAL OF SOUTHERN REGION  
OTHER DEPOSIT/EXPENSE FORM**

Please use one form for each budget item.

Requested Amount \$ \_\_\_\_\_

Check payable to one of the following:

Name \_\_\_\_\_ or Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail to:

**Attach original receipt/invoice to this form.**

Please place an "X" by the appropriate budget item

- |   |   |
|---|---|
| _____ Leadership Rnd Table                  | _____ Gov. SIA Expense                  |
| _____ SR Website                            | _____ Supplies                          |
| _____ District Director Expenses Non-Travel | _____ Postage                           |
| _____ Committee/Program Chairs              | _____ Recruitment and Retention         |
| _____ Program Council                       | _____ Public Awareness                  |
| _____ Membership                            | _____ Fund Raising/Laurel Society Quilt |
| _____ Award List Name (Ex. Laurel Society)  | _____ Fund Raising/Other                |
| _____ Other (Describe) _____                |   |

**Total Funds to be Deposited \$ \_\_\_\_\_**

Source Funds \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Governor's Approval \_\_\_\_\_ Date \_\_\_\_\_

Within Budget Y/N/In Kind \_\_\_\_\_

Treasurer Section

Check # \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**SOROPTIMIST INTERNATIONAL OF SOUTHERN REGION DUES  
INVOICE**

Date \_\_\_\_\_

SI Club \_\_\_\_\_

Name, Treasurer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Current Members dues	_____ X \$20.00	\$ _____
New Members dues	_____ X \$20.00	\$ _____
Retired Members dues	_____ X \$20.00	\$ _____
Life Members dues	_____ X \$ 0	\$ _____
District Meeting Fee	+	\$ 25.00
Mandatory Conference Fee	+	\$ 200.00
		_____
Total Dues		\$ _____

**Also enclose the following:**

Copy of Roster

**Please remit to Southern Region Treasurer by July 1.**

**Dues are Prorated for second half of year (January 1<sup>st</sup> to end of year) to \$10**



**ALICIA ZACHMAN EMERGING LEADER AWARD APPLICATION FORM**

Please complete this form and submit to Southern Region Governor on or before January 15<sup>th</sup>. Nominations can be mailed, emailed, or faxed.

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Club: \_\_\_\_\_

Member Number: \_\_\_\_\_ Date Joined: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Part 1**

1. Have you held any elected offices at the District or Region level?  
Yes\_\_\_\_ No\_\_\_\_ If yes, please list the positions held. \_\_\_\_\_  
\_\_\_\_\_

2. List the positions held by the nominee at the club level (Please include chair positions.)  
\_\_\_\_\_  
\_\_\_\_\_

**Alicia Zachman Emerging Leader Award Application Form**  
**Page 2**

**Part II (Please limit each response to 200 characters. You may use a separate sheet to respond.)**

1. Why did you join Soroptimist?
2. Describe your interest in Soroptimist leadership opportunities and which positions you would like to pursue.
3. If selected, would you be willing to participate in a Mentor Program and share the information gained with other members of Southern Region?
4. Describe a mentor that has influenced your life.
5. Based on your current professional job, which area of leadership training do you feel would be most beneficial to you?
6. Please describe any leadership experience you have had in your current or a previous professional work position.
7. Other than Soroptimist, are you involved in other volunteer endeavors? If yes, please briefly describe.

**Part III (Please complete the following questions. Please limit each response to 200 characters. You may use a separate sheet to respond.)**

1. When called on to do a presentation in front of an audience, I feel \_\_\_\_\_  
\_\_\_\_\_
2. When confronted by a difficult employee or club member, I \_\_\_\_\_  
\_\_\_\_\_
3. In a group of my professional peers or club members, I usually \_\_\_\_\_  
\_\_\_\_\_
4. When a project in my club needs a chair, I \_\_\_\_\_  
\_\_\_\_\_
5. When facilitating a meeting, I find it most challenging when \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALICIA ZACHMAN EMERGING LEADER AWARD  
JUDGING**

**PART I**

1. Strong belief in the Soroptimist mission:  
(Applicant must not have held an elected position past the Club level.)

**PART II. (Total – 50 points)**

Interest in joining Soroptimist.  
(Max 5 points) \_\_\_\_\_

Interest and willingness to pursue higher offices/leadership positions beyond the club level.  
(Max 10 points) \_\_\_\_\_

Willingness to participate in Mentor Program.  
(Max 10 points) \_\_\_\_\_

Description of a mentor who was an influence.  
(Max 5 points) \_\_\_\_\_

Area of leadership deemed most beneficial.  
(Max 5 points) \_\_\_\_\_

Leadership experience in current or previous work positions.  
(Max 10 points) \_\_\_\_\_

Involvement in other volunteer endeavors.  
(Max 5 points) \_\_\_\_\_

**PART III. (Total – 50 points)**

Call on to present in front of an audience.  
(Max 10 points) \_\_\_\_\_

Confronted with difficult employee or club member.  
(Max 10 points) \_\_\_\_\_

In a group of professional peers or club members.  
(Max 10 points) \_\_\_\_\_

When a club project needs a chair.  
(Max 10 points) \_\_\_\_\_

When facilitating a meeting, when it is most challenging.  
(Max 10 points) \_\_\_\_\_

**SOUTHERN REGION  
JUDGE'S TALLY SHEET FOR FACEBOOK AWARD**

Award is for the Conference year 20\_\_\_\_

	<u>AWARD POINTS</u>	<u>JUDGE #1</u>	<u>JUDGE #2</u>	<u>JUDGE #3</u>	<u>TOTALS</u>
Originality, Presentation:	20	_____	_____	_____	_____
Use of Content, Layout:	20	_____	_____	_____	_____
Frequency of Postings:	20	_____	_____	_____	_____
Current Activities:	20	_____	_____	_____	_____
Current Publicity:	20	_____	_____	_____	_____
<b>TOTALS:</b>	<b>100</b>	_____	_____	_____	_____

- |    |  |           |
|----|--|-----------|
| 1. | Originality in presentation of the club's stories                              | 20 Points |
| 2. | Dynamic use of content and layout  | 20 Points |
| 3. | Frequency of Facebook postings   | 20 Points |
| 4. | Incorporation of current Soroptimist mission, themes, activities, and projects | 20 Points |
| 5. | Incorporation of current club publicity  | 20 Points |

**SOROPTIMIST SOUTHERN REGION HUMAN TRAFFICKING REPORT**

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

Event Chair(s): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

HT Event Title: \_\_\_\_\_

Type of Event: \_\_\_\_\_

(Awareness; Education; Fundraiser; etc.)

Date of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Did Your Club Sponsor or Co-Sponsor the Event? \_\_\_\_

If Co-Sponsor, whom did you partner? \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Speakers at Event: \_\_\_\_\_

\_\_\_\_\_

Describe Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would You Recommend Other Clubs Host This Type of Event? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a flyer from the event if possible.

Submit this report to the Southern Region Human Trafficking Committee for each **human trafficking** event your club participates in and/or sponsors to the current committee chair.

**SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.  
REGION LEADERSHIP COMMITMENT**

I acknowledge that as a member of the Region Board of Governors, or one of its committees (Region leadership), I am subject to and bound by certain policies applicable to all who serve in such positions. I have received copies of the following documents, read and understand them, and agree to abide by them during (and to the extent applicable, after) my tenure with SIA:

1. Code of Conduct — I agree to conduct myself in an ethical and businesslike manner and to comply with the Region Board's Code of Conduct.
2. Confidentiality — I confirm that all non-public, confidential information I receive in my capacity as a member of the Region Board of Governors, or one of its committees (Region leadership) should be treated as confidential information that may not be disclosed to others unless and until such disclosure is authorized by SIA. Further acknowledge that this duty to keep information confidential applies to both written and oral information, whether obtained at a formal or otherwise. For example, improper disclosure includes both intentionally revealing confidential information in writing or orally to an unauthorized person, as well as inadvertently copying or forwarding an email, text, or other electronic message or speaking aloud so that an unauthorized person sees or overhears confidential information. I understand that any breach of Region Board confidentiality on my part may result in my immediate removal from the Region Board.
3. Conflict of Interest — I confirm that I do not now have any possible conflict of interest. I agree to disclose to the Region Board any possible conflict of interest which may arise subsequent to the date of this commitment and to submit regular statements upon request confirming or disclosing such information in accordance with the Region Boards procedure on Conflicts of Interest. I understand that my fiduciary duty of loyalty to SIA and the Region requires me to tell the Region Board in advance about anything in which I am involved that could possibly conflict with the interests of the Region or SIA.
4. Whistleblower Policy/Reporting Financial Improprieties - I agree to disclose any possible financial improprieties made by a volunteer(s) in the region where t have first-hand knowledge. I agree to submit a report in writing as soon as possible after the events that gave rise to the situation. I agree not to retaliate against or penalize anyone because of the act of reporting.

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Signature

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Date

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Printed

**REGION LEADERSHIPS' CODE OF CONDUCT**

The Region Board expects of itself, its members and committee members (Region leadership) ethical and businesslike conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behavior when acting as Region leadership.

1. Region leadership must represent unconflicted loyalty to the interests of the clubs and the members (ownership). This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. This accountability supersedes the personal interest of any Region leadership acting as an individual consumer of the organization's services.
2. Region leadership must avoid any conflict of interest with respect to their fiduciary duty of loyalty to the Region and SIA which requires me to tell the Region Board in advance about anything in which I am involved that could possibly conflict with the interests of the Region or SIA.
  - A. There must be no self-dealing or any conduct of private business or personal services between any Region leadership and the organization except as procedurally controlled to assure openness and competitive opportunity.
  - B. To be considered for any business or other arrangement with the Region, such as a contract for goods or services, s/he must temporarily withdraw from any deliberation, voting and access to applicable information. (See Conflict of Interest procedure).
3. Region leadership may not attempt to exercise individual authority over the Region or Clubs except as explicitly set forth in Region bylaws.
  - A. Region leaderships' interaction with the public, press, or other entities must recognize the same limitation and the similar inability of any Region leader to speak for the Region Board.
4. Concerns about Region leaders whose conduct may be subject to possible Region Board action should be sent to the Region Board Governor, with copies to the Executive Director and Federation President. Administrative concerns should be sent to the Executive Director with copies to the Federation President.

**REGION LEADERSHIPS' CONFIDENTIALITY**

It is understood that non-public, confidential information coming before members of the Region Board, its members and committee members (Region leadership) should be treated as confidential and should not be disclosed to others unless and until such disclosure is authorized by the authorizing party, may it be the SIA Board, Region Board or Region Governor. The duty to keep information confidential applies to both written and oral information. Whether that information is obtained at a Region Board meeting, or otherwise. Further, it is recognized that some matters that come before the Region leadership can or will significantly affect the personal or professional lives of SIA and its leadership, employees, or their family members.

Region leadership will therefore take particular care not to disclose any confidential information in the course of conversations with others, whether at home, at work, or in the community. For example, improper disclosure includes both intentionally revealing confidential information in writing or orally to an unauthorized person, as well as inadvertently copying or forwarding an email, text, or other electronic message or speaking aloud so that an unauthorized person sees or overhears confidential information. Any breach of confidentiality by a Region leader may result in immediate removal from the Board.

To affirm their understanding of the region leadership's confidentiality each year, Region leaders will sign the *Acknowledgement of Confidentiality*, the text of which is shown below. The signed document will be kept on file by the Region.

**Acknowledgement of Confidentiality**

I hereby acknowledge that all non-public, confidential information I receive in-my capacity as a member of the Region leadership of Soroptimist International of the Americas, Inc. ("SIA"), should be treated as confidential information that may not be disclosed to others unless and until such disclosure is authorized by the authorizing party, may it be the SIA Board, Region Board, or Region Governor. I further acknowledge that this duty to keep information confidential applies to both written and oral information, whether that information is obtained at a Region Board or committee meeting, or otherwise.

I also recognize that some matters that come before the Region leadership can or will significantly affect the personal or professional lives of SIA and its Region leadership, employees, or their family member(s). I will take particular care, therefore, not to disclose any confidential information in the course of any conversations with others, whether at home, at work, or in the community. In addition, I will not use confidential information for personal or professional gain for me or any person or entity affiliated with me.

Finally, I expressly acknowledge that any breach of confidentiality on my part may result in my immediate removal from my Region leadership position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**REGION LEADERSHIPS' CONFLICT OF INTEREST**

- STATEMENT** Region Board, its members, committee members, and employees ("Persons") will act in a manner to put the interests of Soroptimist International of the Americas, Inc. ("SIA") before any personal benefit.
- PURPOSE** The purpose of the Conflict of Interest is to ensure that decisions about SIA's Region operations and the use of SIA's Region assets are made solely in terms of benefit to SIA and are not influenced by any private profit or other personal benefit to the individuals affiliated with SIA'S Region who take part in the decision. In addition to actual conflicts of interest, Persons are also obliged to avoid actions that could be perceived or interpreted in conflict with SIA's Region interest.
- SCOPE** "Persons" shall mean and include Region Board, its members, committee members, and employees of the Region.
- DEFINITIONS** "Involved in an SIA (Region or Club) business transaction" means initiating, making the principal recommendation for, or approving a purchase or contract; recommending or selecting a vendor or contractor; drafting or negotiating the terms of such a transaction; owning an interest of any type in any entity doing or proposing to do business with SIA; or authorizing or making payments from SIA accounts. That language is intended to include not only transactions for SIA's products or procurement of goods and services, but also for the disposition of SIA property and the provision of services by SIA.
- A "possible conflict of interest is deemed to exist where the Person, a close relative, or a member of that Person's household, is an officer, director, employee, proprietary partner, shareholder or trustee of, or, when aggregated with dose relatives and members of that Person's household, holds 1% or more of the issued stock or other ownership interest in the organization seeking to do business with SIA.
- A "possible conflict of interest" is also considered to exist where such a Person is (or expects to be) retained as a paid consultant or contractor by an organization which seeks to do business with SIA, and whenever a transaction will entail a payment of money or anything else of value to the official, to a close relative, or to a member of that Person's household.
- A "possible conflict of interest" exists when an individual affiliated with SIA has an interest in an organization which in competition with a firm seeking to do business with SIA if the individual's position gives him or her access to proprietary or other privileged information which could benefit the firm in which he or she has an interest.
- The foregoing descriptions are merely examples of possible conflicts of interest and are not intended to be an exhaustive list.

**(See Reverse of Form.)**

**IMPLEMENTATION**

Any Person who may be involved in an SIA business transaction in which there is a possible conflict of interest shall promptly notify the Governor or Executive Director. The Person shall refrain from voting on any such transaction, participating in deliberations concerning it, or using personal influence in any way in the matter. The Person (if serving on the Region Board or Region Board Committee) may not vote with respect to an SIA business transaction in which he or she has a possible conflict of interest. Furthermore, the Person or the Governor shall disclose a potential conflict of interest to the other members of the Region Board or Region Board Committee before any vote on an SIA business transaction, and such disclosure shall be recorded in the minutes of the meeting at which it made.

Any SIA business transaction which involves an actual or potential conflict of interest with a Person shall have terms which are at least as fair and reasonable to SIA as those which would otherwise be available to SIA if it were dealing with an unrelated party.

The Conflict of Interest shall be made available to each Person who shall complete the attached questionnaire on an annual basis.

**QUESTIONNAIRE**

From time to time, SIA shall circulate questionnaires about conflicts of interest to Persons, including upon commencement of service on the Region Board, Region Board Committee, or employment and at least annually thereafter.

**SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.  
CONFLICT OF INTEREST QUESTIONNAIRE**

Soroptimist International of the Americas, Inc. (SIA) believes that Region Board members, Region Board Committee members and employees ("Persons") should deal with customers, agents, suppliers, and all other persons doing business with SIA without any inference or preference based on personal considerations. In order that SIA's records may be clear in this respect, please fill out this questionnaire and return it promptly in a sealed envelope to the attention of the Region Governor.

In responding to these questions, please note that a "yes" answer does not imply that the relationship or transaction is necessarily inappropriate.

- 1. Are you or is any close relative of yours or any member of your household an officer, director, or hold any other position of responsibility in any corporation or other enterprise with which SIA has business dealings?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the foregoing question is "yes," please list the names of such relatives or members of your household and of such corporations or enterprises, the positions held and the approximate dollar amount of business involved with SIA last year.

\_\_\_\_\_

- 2. Do you, or does any relative or member of your household have a financial interest in, or receive any remuneration or income from, any enterprise with which SIA has business dealings?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the foregoing questions is "yes," please supply the following information:

- (a) Names of the enterprises in which such interest is held and the person(s) by whom such interest is held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (b) Nature and amount of each such financial interest, remuneration, or income:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you or has any close relative or member of your household accepted personal gifts or gratuities or derived any other benefit or pecuniary profit during the past year from any person, company, partnership, or other enterprise (including a non-profit organization), which has sold supplies, products, or services to, or otherwise has done business with SIA?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Were you involved in any other activity during the last year that might be interpreted as a possible conflict of interest?

Yes \_\_\_\_\_ No \_\_\_\_\_

In order to assure full disclosure of potential conflicts of interest so that such situations may be ethically resolved, and to ensure that SIA is aware of the elimination of a potential conflict of interest situation, I hereby assume the duty of notifying SIA in writing of any additions to, deletions from, or modifications of the above information.

Further, I certify that the foregoing information is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Received by Region Governor

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

## WHISTLEBLOWER POLICY/REPORTING FINANCIAL IMPROPRIETIES

SIA is committed to operating in compliance with all applicable laws, rules, and regulations, including those concerning accounting and auditing, and prohibits fraudulent practices by any of its Region volunteers. This policy outlines a procedure for Region volunteers to report actions they reasonably believe violates a law, rule, or regulation that constitutes fraudulent accounting or other practices.

Region volunteers include the Region Board, and all volunteers of the Region. If Region volunteers have reasonable belief or actual knowledge that financial misconduct has or is within the Region, they are to report their concerns to protect the assets and interest of the SIA region. Any expenditure of the Region's resources that is inconsistent with its charitable purpose constitutes misuse; e.g. embezzlement, misappropriation of goods, services, or resources; diversion of assets; forgery or alteration of documents; fraudulent financial reporting; stealing conflict of interest situations that result in financial loss; violation of SIA financial policies for personal gain.

Region volunteers can confidentially report alleged improprieties in writing to the Region Governor, SIA executive director & CEO and SIA President. If for any reason a region volunteer finds it difficult to report his or her concern to the region governor, SIA Executive Director & CEO or SIA President, the Region volunteer can submit the report in writing to the SIA Board Secretary/Treasurer with copies to the SIA President or SIA Executive Director & CEO or SIA Chief Operating & Financial Officer. The report should be written as soon as possible after the events that gave rise to the situation.

The person receiving the report shall acknowledge receipt of the report in writing and conduct a preliminary review to determine the appropriate course of action. If it is determined a formal investigation should be conducted, the matter will be turned over to the Region Governor or if concerning the Region Governor, turned over to the SIA Executive Director & CEO and SIA President. Upon completion of the investigation, the findings will be reported to the SIA Board and Region Board. Based upon this report, the SIA Board will determine what additional action if any, should be taken.

Any Region volunteer who reports a problem in good faith will not be retaliated against or penalized because of the act of reporting. Region volunteers found to have engaged in retaliatory behavior may be subject to discipline. Knowingly making false reports will result in disciplinary action.

District  
Director's  
Handbook



**REPORT OF DISTRICT DIRECTOR OFFICIAL VISIT**

Date: \_\_\_\_\_

Soroptimist International of \_\_\_\_\_ District \_\_\_\_\_

Club Website Address \_\_\_\_\_

President \_\_\_\_\_ E-mail \_\_\_\_\_

Treasurer \_\_\_\_\_ E-mail \_\_\_\_\_

Attendance during visit: Members \_\_\_\_\_ Guests \_\_\_\_\_ Total \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

\_\_\_\_\_

Describe the spirit of the meeting: \_\_\_\_\_

\_\_\_\_\_

What is outstanding about this club? \_\_\_\_\_

\_\_\_\_\_

Are there areas of weakness that need either District or Region level intervention? \_\_\_\_\_

If yes, list possible problem-solving solutions including lead club person, club goals, time line, etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the club's 3-5 top activities. Include events or projects such as Live Your Dream, Dream It, Be It, service, membership, public relations, and/or fundraising:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe club communications, both internal and external, and include club e-mail account activity:

\_\_\_\_\_

\_\_\_\_\_

Submitted by District Director ( ) \_\_\_\_\_ on \_\_\_\_\_ (date)

Submit to both the current Governor and Governor-Elect.

Please use the back of this page if more room is needed.

DIRECTOR'S DISTRICT MEETING TIME LINE

1. One year prior to the meeting accept the invitation from a club to host the meeting.

\_\_\_ a. Host Club \_\_\_\_\_

\_\_\_ b. Date \_\_\_\_\_

\_\_\_ c. Location \_\_\_\_\_

2. Six to four months prior to the meeting:

\_\_\_ a. Contact the Club President to obtain names, addresses, and phone/fax numbers of:

\_\_\_ 1. General Coordinator \_\_\_\_\_

\_\_\_ 2. Registration \_\_\_\_\_

\_\_\_ 3. Meeting Treasurer \_\_\_\_\_

\_\_\_ 4. Meeting Secretary \_\_\_\_\_

\_\_\_ b. Select topic for keynote address and contact speaker (optional):

Topic \_\_\_\_\_

Speaker \_\_\_\_\_

Address \_\_\_\_\_

Phone and fax numbers \_\_\_\_\_

\_\_\_ c. Send confirmation to each presenter/speaker with the following information:

Logistics of the day (when, where, time)

Desired content of the workshop or speech

Length of presentation, including time for questions and answers

Lodging, meals, and travel arrangements/allowance

Request a copy of her/his resume for use when doing introductions

Ask if any special equipment will be needed (computer, projector, flip chart, etc.)

Remember these costs will need to be added to your projected expenses.

3. Three months prior to the meeting:

\_\_\_ a. Meet with the Host Club President, General Coordinator, and Committee to confirm:

1. Meeting location (verify name, address, phone number)

2. Meal costs: breakfast \$\_\_\_\_\_ lunch \$\_\_\_\_\_

3. Registration deadline (date): \_\_\_\_\_

4. Name and title of person giving community welcome, if any: \_\_\_\_\_

5. Name of persons doing:

Pledge to the Flag \_\_\_\_\_

Thought for the Day \_\_\_\_\_

## DIRECTOR'S DISTRICT MEETING TIME LINE

(Page 2)

Roll call of clubs (if not the Director) \_\_\_\_\_

Credentials report \_\_\_\_\_

- \_\_\_ b. Map of the area with meeting place clearly marked.
- \_\_\_ c. Review budget with President and General Coordinator.
- \_\_\_ d. Raffle (optional).
- \_\_\_ e. Discuss meeting theme and room arrangements with President and Coordinator:
1. Theme \_\_\_\_\_
  2. Room arrangements/properties:  
 General sessions and meals:  
 Estimated attendance \_\_\_\_\_  
 Number of people per table \_\_\_\_\_  
 Same or different room for meals  
 Tables: rounds \_\_\_\_\_ rectangles \_\_\_\_\_  
 Placement of registration table  
 Tables for club sales: Estimated # \_\_\_\_\_  
 Workshops: number of rooms \_\_\_\_\_ and seating styles \_\_\_\_\_  
 Obtaining and placement of U.S. flag and Soroptimist banner  
 Location and working condition of electrical outlets and switches  
 Head Table: Number of people \_\_\_\_\_  
 Modesty cloth, name cards, water glasses, and pitchers.  
 Lectern placement  
 Equipment: audio, visual-flip chart, easel, computer, projector etc.  
 Decorations
4. Two months to 30 days prior to meeting:
- \_\_\_ a. Check with the host club on arrangements for printing of the program and to ensure everything is proceeding according to schedule.
5. Two weeks to seven days prior to meeting:
- \_\_\_ a. Proof read and approve the printing of the meeting program
- \_\_\_ b. Prepare meeting dialogue using the agenda as an outline
- \_\_\_ c. Visit the meeting site, if possible to confirm set up
6. The Day:
- \_\_\_ a. Arrive early on the meeting day, give everything one final check
7. One to two weeks following the meeting:
- \_\_\_ a. Send thank-you notes to all meeting participants and the host club
8. One week to 45 days following the meeting:
- \_\_\_ a. Obtain the final financial report from the host club, including receipts for all expenditures.
- \_\_\_ b. Within 45 days after the meeting, send a copy of the final District Meeting Financial Report (Form 5h), including all receipts and a club check (if meeting has an overage) to the Region Treasurer. Send 3 additional copies as required on Form 5h.
- \_\_\_ c. Approve the minutes. Send copies to each club in the District, the Governor and Governor-elect.

## HOST CLUB TIME LINE AND DISTRICT MEETING CHECK LIST

(Page 1)

(Director: please mail to Host Club President)

1. Six to eight to months prior to the meeting:
  - \_\_\_ District Director and host club Coordinator and Treasurer hold budget discussion and make preliminary arrangements for meeting facility, meals.
  
2. Five months prior to the meeting:
  - \_\_\_ District Director, host club Coordinator and Treasurer meet to finalize.
    - a. Meeting location
    - b. Meal costs: Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_
    - c. Registration deadline date: \_\_\_\_\_
    - d. Name and title of person giving community welcome, if any \_\_\_\_\_
    - e. Name of persons doing:
      - Pledge to Flag \_\_\_\_\_
      - Thought for the day \_\_\_\_\_
      - Roll Call of clubs \_\_\_\_\_
      - Credentials report \_\_\_\_\_
    - f. Map of area with meeting place clearly marked.
    - g. Meeting theme and room arrangements/properties:
      - Theme \_\_\_\_\_
      - Room arrangement/properties:
        - General sessions and meals:
          - Estimated attendance \_\_\_\_\_ number of people per table \_\_\_\_\_.
          - Tables: \_\_\_\_\_ rounds \_\_\_\_\_ rectangles \_\_\_\_\_
          - Placement of registration table, delegate tables, and chairs.
          - Tables for club sales, if any, estimated # \_\_\_\_\_.
          - Workshops: number of rooms \_\_\_\_\_ seating style? \_\_\_\_\_.
          - Obtaining and placement of U.S. Flag and Soroptimist banner.
          - Location and working condition of electrical outlets and switches.
          - Head table arrangements:
            - Number of people
            - Modesty cloth
            - Name cards
            - Water glasses and pitchers
            - Lectern placement
            - Equipment: audio visual, flip chart, microphones, etc.
    - h. Raffle (optional)
    - i. Lodging needs
  
3. Two to three months to 30 days prior to meeting:
  - \_\_\_ a. Acquire material for registration packets.
  - \_\_\_ b. Contact printer to make arrangements for printing of the program (District Director to provide).
  - \_\_\_ c. Contact those providing services and supplies to ensure all is on schedule.
  - \_\_\_ d. Collect items for "goodie bags" (optional).

4. Forty-five (45) days prior to the meeting:  
\_\_\_ a. Send the Official Call.
  
5. Two weeks to seven days prior to meeting:  
\_\_\_ a. Print meeting program (after District Director approval).  
\_\_\_ b. Process registration forms (advise District Director of clubs who have not registered).  
\_\_\_ c. Develop a list of attendees and prepare name badges.  
\_\_\_ d. Prepare registration packets.
  
- 6.. The day before:  
\_\_\_ a. Do set-up and decorating of meeting location, if possible.
  
7. The Evening before:  
\_\_\_ a. Social Dinner (optional).
  
8. The Day:  
\_\_\_ a. All committee members and other club members involved in the meeting should arrive early.  
\_\_\_ b. Give everything one final check.  
\_\_\_ c. Manage registration.
  
9. One week to 45 days following the meeting:  
\_\_\_ a. Prepare financial statement and submit to District Director. Include copies of source documents, supporting receipts and invoices for expenses. If income exceeded expenses, include a club check for the appropriate amount made payable to Southern Region and send it to the District Director.  
\_\_\_ b. Secretary submit minutes to District Director for distribution to clubs and Region Board.

**SAMPLE DISTRICT MEETING BUDGET**

For use by District Director in obtaining registration fee for District Meeting.

**EXPENSES:**

Rent of premises for event	\$ _____
Complimentary meals _____ @ x \$ _____ per meal	\$ _____
Decorations for head table only	\$ _____
Duplicating and postage for program and minutes	\$ _____
Pro-rata share of common call	\$ _____
Guest speaker acknowledgment, if any	\$ _____
Miscellaneous needs	\$ _____

**TOTAL EXPENSES** \$ \_\_\_\_\_

Divide total expenses by number of projected attendees. This will be the registration fee needed to cover all expenses of meeting. Remember, the meeting is to be self-supporting.

When estimating number of attendees, refer to previous years' District Meeting. When projecting the attendance, don't over estimate. Your registration fee needs to be sufficient to cover all expenses even if the attendance is less than previous years.

Meals cannot be increased to cover additional costs of the meeting.

Contact Region Treasurer for a check from the Region (FORM 18p) for the District fee per club times the number of clubs in your District. All attendees will pay the registration fee and meal costs.

**DISTRICT MEETING FINANCIAL REPORT**

Hostess Club: Soroptimist International of \_\_\_\_\_

Prepare 4 copies and disburse as follows:

- Original: Region Treasurer
- Copy: Region Governor
- Copy: District Director:
- Copy: Club records

AMOUNT RECEIVED: Total \$ \_\_\_\_\_

Registration fees from each club

No. of Club s \_\_\_\_\_ @ \$25/each \$ \_\_\_\_\_

Registration and meals:  
 \_\_\_\_\_ @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_

TOTAL RECEIPTS \$ \_\_\_\_\_

AMOUNT DISBURSED:

Meals paid \_\_\_\_\_ @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_

Complimentary meals \_\_\_\_\_ @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_

Duplicating and postage for program and minutes \$ \_\_\_\_\_

Decorations: head table \$ \_\_\_\_\_

Guest speaker acknowledgment \$ \_\_\_\_\_

Rent for premises, if any \$ \_\_\_\_\_

Refunds, if any \$ \_\_\_\_\_

Other (please describe) \$ \_\_\_\_\_

TOTAL DISBURSEMENT \$ \_\_\_\_\_

NET PROFIT OR LOSS \$ \_\_\_\_\_

\_\_\_\_\_  
**Chair**

\_\_\_\_\_  
**Director Approval**

DISTRICT MEETING EVALUATION

Date \_\_\_\_\_

District # \_\_\_\_\_

Location \_\_\_\_\_

Are you a new member? \_\_\_\_\_

Have you attended a District Meeting in the past? \_\_\_\_\_

What session gave you the most information? \_\_\_\_\_

What Program areas of Soroptimist would you like to see on the agenda next fall (check several)?

\_\_\_\_ Live Your Dream Awards    \_\_\_\_ STOP TRAFFICKING    \_\_\_\_ Dream It, Be It

\_\_\_\_ Club Grants for Women and Girls    \_\_\_\_ Workplace Campaign to End Domestic Violence

\_\_\_\_ Other (topic) \_\_\_\_\_

What topics would you like presented at District Meetings?

\_\_\_\_ Membership    \_\_\_\_ Public Awareness    \_\_\_\_ Leadership    \_\_\_\_ Fundraising

\_\_\_\_ Other (topic) \_\_\_\_\_

Are Friday night activities beneficial? Yes/No Explain \_\_\_\_\_

How do you suggest we get other club members to attend the next District Meeting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**GOVERNOR'S SERVICE AWARD**

**(See Procedures Section, Southern Region Forms Manual)**

**TRAVEL EXPENSE VOUCHER**

**(See Procedures Section, Southern Region Forms Manual)**

**DEPOSIT/EXPENSE FORM**

**(See Procedures Section, Southern Region Forms Manual)**

# Conference Planning Guide

## TENTATIVE EVENT SCHEDULE

Day	Event	Location	Time
Wednesday	Board Dinner		6:00 p.m. until ?
Thursday	Board Meeting	Board Room	8:30 a.m. – 5:00 p.m.
	“Dutch Treat” dinner		6:00 p.m.
Friday	Board meeting (cont.)	Board Room	8:30 a.m. – 11:30 a.m.
	Registration		12:00 noon – 6:00 p.m.
	Past Governors Luncheon		11:30 a.m. – 1:00 p.m.
	Market Place		12:00 noon – 6:00 p.m.
	Opening ceremonies		1:00 p.m.
	Workshops		2:00 p.m. – 4:00 p.m.
	Dinner (entertainment? – no cost if possible)		6:00 p.m. – 9:00 p.m.
Saturday	Registration		7:00 a.m. – 12:00 noon
	Breakfast		7:00 a.m. – 8:00 a.m.
	General Business Meeting		8:15 a.m. – 12:00 noon
	Luncheon	(seated or buffet)	12:00 noon – 1:30 p.m.
	Workshops		2:00 p.m. -
	First Timer’s Reception		
	Reception (cash bar)		6:00 p.m. – 7:00 p.m.
	Dinner		7:00 p.m. – 9:00 p.m.
Sunday	Breakfast		7:00 a.m. – 8:00 a.m.
	“Celebration of Life” memorial service		8:00 a.m. – 9:00 a.m.
	Business Meeting		9:00 a.m. – 12:00 noon
	Post-Conference Board Meeting		12:00 noon – until ?

## SAMPLE CONFERENCE BUDGET

<b>Income:</b>		
<b>Mandatory Registration</b>	<b>(26 clubs @\$100)</b>	<b>\$3,000.00</b>
<b>Conference Package</b>	<b>(100 @ \$125 each)</b>	<b>\$12,500.00</b>
<b>Region Board Conference Expense from General Fund</b>		<b>\$5,500.00</b>
<b>Non Delegate Registration</b>	<b>(50 @ \$25)</b>	<b>\$1,000.00</b>
<b>Projected Total Income</b>		<b>\$22,250.00</b>
<b>Expense:</b>		
<b>Meal Package</b>	<b>(100 @ \$125 each)</b>	<b>\$12,500.00</b>
<b>Region Board Conference Expense</b>		<b>\$5,500.00</b>
<b>Program/Printing</b>	<b>Registration Forms</b>	<b>\$50.00</b>
	<b>Programs &amp; Covers</b>	<b>\$1,500.00</b>
	<b>Badges/Ribbons</b>	<b>\$150.00</b>
	<b>Copier/Fax/Computer</b>	<b>\$200.00</b>
<b>Entertainment</b>		<b>\$300.00</b>
<b>Seminars/Workshops</b>		<b>\$300.00</b>
<b>Table Decorations</b>		<b>\$300.00</b>
<b>Flowers</b>		<b>\$200.00</b>
<b>Miscellaneous</b>	<b>Equipment</b>	<b>\$300.00</b>
	<b>Postage/Supplies</b>	<b>\$350.00</b>
	<b>Board Room Amenities</b>	<b>\$150.00</b>
	<b>Bartender</b>	<b>\$150.00</b>
	<b>Public Relations</b>	<b>\$100.00</b>
	<b>Transportation</b>	<b>\$100.00</b>
	<b>Table Rental (Market Place)</b>	<b>\$100.00</b>
<b>Total Expenses</b>		<b>\$22,250.00</b>

**Note: If a net income is realized, it will be returned to Region Treasurer for deposit to the Conference Account.**

**PROGRAM "AD" AGREEMENT**

**SOUTHERN REGION \_\_\_\_\_ CONFERENCE  
SOUTHERN REGION CONFERENCE PROGRAM BOOK**

Introduce your club, your business, yourself or your profession to the other Southern Region Soroptimists by placing an advertisement in the Southern Region Conference Program Book.

Ad sizes for the KEEPSAKE PROGRAM BOOK are as follows:

- BUSINESS CARD
- ½ Page
- FULL PAGE
- INSIDE BACK COVER
- BACK COVER PAGE

Please complete the following:

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

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

Company (if applicable): \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Enclosed is my check in the amount of \$\_\_\_\_\_.

Please make check payable to: Soroptimist Southern Region

Mail checks and completed form to:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**MARKETPLACE REGISTRATION FORM**  
**Southern Region \_\_\_\_\_ Conference**  
**\_\_\_\_\_ 20 \_\_\_\_\_**

Sales Tables will be available Friday afternoon and Saturday (during breaks from the Workshops and Business Meeting), \_\_\_\_\_ (dates) \_\_\_\_\_ only. There are no fees for the Sales Tables. The Marketplace is provided for Soroptimist clubs and members only.

Due to limited space, each club will be given one display table. No electrical outlets are available. The Marketplace area will be unsecured. Members will need to stay with their tables and remove items when the table is not attended.

PLEASE PRINT:

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

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Describe the products you will have for sale at Region Conference \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail Completed form to:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_