



Minnesota Women of Today

Outstanding Program Manager

PLEASE TYPE OR PRINT - To be completed by local chapter or district

Nominator Information

Print Name _____ Date _____

Address _____

Email _____ Phone _____

Nominee Information

Print Name _____

Position _____

Chapter _____ District _____

Has this member been nominated in the above programming area this year? No Yes - When _____

Has this member submitted reports on time to DPM, District Programming VP, or SPM? Yes No

Guidelines to consider in program area involvement (NOTE: it is not necessary to complete all of the following areas.)

_____ Completed LPM/DPM/PVP Fast Start

_____ # local and/or district board meetings _____ # attended

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_____ Reports at chapter or district meetings _____ Visitations to other chapters/districts

Communication with chapter(s), district – How, when, purpose

Incentives offered to members for participation in area (describe)

Fundraisers, certifications, or other programs participated in or chaired

Promotion of programming area – how, when, etc.

Other reasons for consideration:
