

Date:
Society of Government Meeting Professionals – Louisiana Chapter Post Office Box 84285 Baton Rouge, LA 70884
Dear SGMP LA Chapter Treasurer:
This is to inform you of my desire to begin the SGMP Government Meeting Specialist program on I understand that I am expected to complete the program within three to five years of my starting date.
I am seeking the completion of the certificate program, Government Meeting Specialist.
I agree to commit myself to pursue continual improvement and the highest ethical standards of my profession.
Yours truly,
(Signature)
Name
Title
Company
Street Address
City, State, Zip Code
Telephone



Please mail this form and your \$35.00 check to the above address or give this form and money to the SGMP Louisiana Chapter Treasurer. Please make check/money order payable to SGMP La Chapter.