**INDIANA FEDERATION OF BUSINESS AND PROFESSIONAL**

**WOMEN’S CLUBS, INC**

**(INFBPW)**

**WORKING WOMEN’S RECOGNITION MONTH**

The District or Local Organization to the State Office must submit this entry form and supporting

materials no later than March 15. Entry form and supporting materials must be securely

fastened in a folder or binder labeled with the District or Local Organization name, WORKING

WOMEN’S RECOGNITION MONTH and the date of the event or activity.

Joint projects may be submitted. If two or more locals or an entire District pool their efforts in a

WORKING WOMEN’S RECOGNITION MONTH promotion, a joint entry may be submitted.

Locals may submit only one entry either jointly or individually.

Certificate awards for 1st, 2nd, and 3rd place will be presented at State Convention based upon

effectiveness of WORKING WOMEN’S RECOGNITION MONTH activities. Judging will take

place prior to Convention. Entries are to be picked up NO LATER than Sunday morning at

Convention.

1. Program Description: Describe the program(s) or event(s) sponsored as a part of

WORKING WOMEN’S RECOGNITION MONTH activities. You must include date, time, place,

theme, and names of CO-sponsoring organizations other than INFBPW. Relevant material may

be attached, i.e., photographs, printed programs, etc. All material attached in response to this

item must be clearly labeled as Program Description.

1a. Approximate attendance at program/event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Printed Press Coverage: Was their printed press coverage of INFBPW related to your

activity? YES/NO

Press clippings should be separated in plastic sheets to protect them or glued with rubber

cement on an 8 ½ X 11 white heavy paper. All references to INFBPW AND WORKING

WOMEN’S RECOGNITION MONTH should be highlighted. Name and date of publication must

be shown.

3. Other Media Coverage:

Briefly describe other media coverage: radio, TV, interviews, spot announcements, local news

programs, etc. Please attach type scripts.

 Was there media coverage other than printed press? YES/NO

4. Promotional Material: Describe in detain any promotional materials used in activities, i.e.,

displays, posters, etc., including date and location.

5. Employer Recognition Award: Did your organization sponsor an Employer Recognition

Award? YES/NO

Please attach all supporting documentation.

6. Woman of the Year Award: Did your organization sponsor a Woman of the Year Award?

YES/NO

Please attach all supporting documentation. Include a short biographical summary on recipient

clearly marked WOMAN OF THE YEAR AWARD.

**WORKING WOMEN’S RECOGNITION MONTH**

**ENTRY FORM**

District or Local Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Combined number of members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person submitting entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Press Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Media Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Promotional Material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Recognition Award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Woman of the Year Award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEADLINE: MARCH 15**

**Send to:**

**INFBPW**

**Working Women’s Recognition Month Award**

**P.O. Box 134**

**Knightstown , IN 46148**