



Application for Establishment of an *Eta Sigma Delta Chapter*

Date: _____

Name of Institution

Program or Department

Address

City

State

ZIP

Country

Name of Primary Contact

NAMES OF STUDENT OFFICERS AND CHAPTER ADVISOR

PRESIDENT _____

VICE-PRESIDENT _____

SECRETARY _____

TREASURER _____

CHAPTER ADVISOR _____

_____ Total number of students (freshman through seniors) enrolled in hospitality management-related programs.

_____ Total number of juniors enrolled in hospitality management-related programs.

_____ Total number of seniors enrolled in hospitality management-related programs.

Hospitality management-related degrees offered: _____

ENCLOSURES REQUIRED WITH APPLICATION:

1. Letter of support from Faculty Advisor or department/program director
2. Verification that Chapter Advisor is an individual member of International CHRIE in good standing.
3. Program History and description of course offerings
4. Proposed Bylaws
5. \$300 Fee (Includes ESD Ceremony Kit) plus S&H by credit card or check payable to International CHRIE.

**COUNCIL ON HOTEL, RESTAURANT
AND INSTITUTIONAL EDUCATION**

2810 NORTH PARHAM ROAD, SUITE 230, RICHMOND, VIRGINIA USA 23294

TELEPHONE: 01 (804) 346-4800

FAX: 01 (804) 346-5009

EMAIL: ESD@CHRIE.ORG