*Savannah State University National Alumni Association*

**1949 – 2017**

# ANNUAL NATIONAL MAY MEETING

**MAY 5-6, 2017 • Savannah, Georgia**

**Savannah State University Campus * King Frazier Ballroom**

**2017 MEETING HOSTS**

**Clyde A. Newton, President SSU National Alumni Association**

**Dr. Cheryl D. Dozier, President Savannah State University**

## MEETING AGENDA

**FRIDAY, MAY 5, 2017**

12:00 noon Registration and Lunch
1:30 PM Opening Session
2:00 PM "State of the University" Address
3:30 PM Action and Interaction Sessions
6:00 PM Alumni Social & Hospitality Activity

**SATURDAY, MAY 6, 2017**

7:30 AM SSUNAA Executive Committee Meeting
9:00 AM Call to Order – SSUNAA Formal Business Session
"SSUNAA Partnership Overview"
12:00 PM Chat and Chew Lunch
1:30 PM Formal Business Session Continues
4:00 PM Adjournment

**SSUNAA will conduct "Chartering Ceremony" for a new Alumni Chapter**

The Association's Annual Meeting is held each year on the 1st week-end in May. When we reflect upon our accomplishments as an alumni association, we have much to be proud of. The future of this association hinges on our collective commitment to continuous improvement and learning as we move forward.

During this impactful weekend, we look forward to transacting the business of the association, conducting critical training workshops, embracing our association's business partner and welcoming a new alumni chapter.

**Each chapter is expected to send at least 1 delegate to represent the chapter and all financial members are urged to attend and participate. Take this opportunity to understand and learn more about your alumni association.**

## Registration Information

### Meeting Hotel

### COURTYARD BY MARRIOTT SAVANNAH MIDTOWN

6703 Abercorn Street • Savannah, GA 31405
Reservations: (912) 354-7878
or register online link: Book your group rate for Savannah State Alumni
SSUNAA Rate: $129.00 (Queen or King) Hotel Cutoff Date: April 13, 2017

**MEETING REGISTRATION FEE: $80.00**
**DEADLINE Postmarked by April 21, 2017**
**LATE and ONSITE REGISTRATION FEE: $100.00**

Name(s) _____

Chapter _____ Class Year _____

Address _____

City/State/Zip _____

Preferred Contact #: _____

E-mail _____

Chapter Delegate ❑ Yes ❑ No First Time Attendee ❑ Yes ❑ No

TOTAL ENCLOSED $_____ Check/MO # _____

May Meeting registration checks should be made payable to SSUNAA.

**Mail Checks To:**

Savannah State University National Alumni Association
P. O. Box 22843 • Savannah, GA 31403

**OR**

**register online: www.ssunaa.org**

**OR**

**via PayPal**