2018-19 ADVISORY COMMITTEE ROSTER

INSTRUCTOR NAME: _____

PROGRAM: _____

CIP: _____

ADVISORY COMMITTEE MEMBERS:

Please note: that the chairperson for the meeting must be from business/industry and please indicate the chair by their name. Also required is a post-secondary and parent representative.

Please see example below.

This form will be sent electronically to you to complete online. Please keep electronically for your Navigator C06 (box 1)

Please send a completed copy to Ginger Mason (gmason@dctc-cte.org) ***by October 5*** in order to compile the sign in sheets for the DCTC October 24 Fall Advisory Committee meeting.

Name	Business and/or Affiliation	Contact Address (Email) & Phone Number
Luke Skywalker-Chair	Deathstar construction-foreman	luke@deathstar.com 734-333-6666

8/15/18