

Please use as much space as needed. Complete and email to ilacconference@gmail.com with a headshot photo.

ILAC Member Spotlight Questionnaire

Member Name

Which leadership program did you complete?

Class Number?

What year(s) did you participate?

What did you gain personally from your experience? *(Space will allow text to scroll)*

What is favorite memory of program? *(Space will allow text to scroll)*

What is your profession? *(Space will allow text to scroll)*

What are your hobbies? *(Space will allow text to scroll)*

What would you tell someone new about ILAC? *(Space will allow text to scroll)*

Would you like to publicly share your contact information? **Yes** **No**

Email:

Phone: