

**Burlingame
2008
Art Bridges
The Gap**

California Art Education Association

EXHIBITOR'S WORKSHOP PRESENTER FORM

*Please FILL out each section completely: Return form w/ Agreement OR to:
Craig Tomlinson, CAEA Admin., 174 West Adelaide Way, Dinuba, CA 93618 ctomlins@dinuba.k12.ca.us*

Name of Exhibitor/Company: _____

Contact Person: _____

Phone#: (_____) _____

E-mail Address: _____

Address: _____

1 City _____ State _____ Zip _____

Time of Workshop:

We would be willing to offer a workshop using our own Materials on:

2 _____ Friday 8:00-9:15am /&/or/ _____ Sat. 8:00-9:15am

OR

Please try to schedule our workshop on: _____
(request day & time)

3 **WORKSHOP LEVEL:** circle each that apply: Elem. / Middle / H.S.

4 **TITLE of WORKSHOP:** _____

Text DESCRIPTION: (25 words or less; to be printed in the program)

WORKSHOP INFORMATION:

Is the workshop? (Check One)

WET (should carpets be covered?)

DRY (Check One)

2D

3D

Audio/Visual Request: (Check One)

TV / VCR / DVD

Slide Projector

Overhead Projector

Other: _____

5