



Bead Society of New Jersey Workshop Proposal Form

Instructors Name: _____

Mailing Address: _____

Telephone: _____ Cell: _____

E-mail: _____

Brief Bio (include teaching credentials)

I want to teach the following (circle one) new class previously taught at _____

Workshop Name: _____

Description _____

Techniques Covered _____

Length (hrs.) _____ Level: (circle one) Beginner Intermediate Advanced All

Preferences : (circle) Weekday Saturday Sunday Morning Afternoon Evening

Maximum Students # _____ Minimum (Three)

All workshops must be original in design and not include other's copyrighted materials. Bead magazine projects are not acceptable. Artist workshops being taught with permission must have written consent submitted with proposal to BSNJ.

Sample and Supply list must be provided before workshop will be considered.

Written directions for each student should be provided at workshop.

All payments will be made through the Bead Society of New Jersey.

Most workshops will be held at Colts Neck Library based on availability.

Mail your proposal to:

Mychelle Kendrick Attn. BSNJ Workshops
49 Columbia Drive
Tinton Falls, N.J. 07724

can also be emailed to:

Mammak11@yahoo.com

Please email **Mychelle** at Mammak11@yahoo.com for any additional information or questions.