



Saturday and Sunday
May 15th and 16th
10am – 5pm
Fernwood Community Centre

WORKSHOP PRESENTER APPLICATION

Name: _____
Business name: _____
Phone number: _____
Mailing Address: _____
Email: _____
Website: _____

Add additional paper if you require more room to write

Title of workshop: _____

Brief summary of workshop (20 words): _____

2nd choice Title of workshop: _____

Brief summary of 2nd workshop (20 words): _____

What will the public learn at your presentation? _____

How many years of experience do you have in your field and as a teacher? _____

What do you hope to gain from this experience? _____

What has inspired you along your journey? _____

Do you have any set up special requirements for your workshop? Please describe in detail: _____

I have read the Terms and Conditions.

Signature: _____ Date: _____