# CREATIVE CLASSROOMS PROPOSAL

## CONTACT INFORMATION

Presenter's Name (as it appears on Social Security Card) _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

E-mail Address (required) _____

## WORKSHOP INFORMATION

Workshop Title _____

Art or Science Form Presented _____ Grade Level (s) _____

$ _____ Materials Fee (per student) _____ Maximum Number of Students

Space/Technical Requirements _____

**CSO Connections** _____

**WORKSHOP DESCRIPTION**

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Are you comfortable teaching students with disabilities? _____ Yes _____ No

Are volunteers needed? _____ Yes _____ No If yes, how many? _____

For what counties are you able to present workshops? Please write yes before each county in which you are willing to teach.

Note: Additional money may be available for travel to counties other than Greenbrier.

____ Greenbrier ____ Monroe ____ Pocahontas ____ Summers

**Mailing information:** Please return completed form, and your resume to
**Carnegie Hall, Inc. Attn: Leah Trent, Education Director**
**611 Church Street Lewisburg, WV 24901**

For more information, call Leah Trent at 304-645-7917, ext.116, or email trent@carnegiehallwv.org, or fax: 304-645-5228