



2010 Great Lakes Region Puppetry Conference

Presenter Name: _____
Company: _____
Address: _____
City/ST/Zip: _____
Phone: _____ Email: _____

Please indicate which category or categories best describes your workshop:

- Marketing/Promotions Technical Make & Take Instructional
 Marionettes Hand Puppets Beginners Advanced

Please describe your workshop:

Please indicate any Audio/Visual requests. A/V needs will be accommodated as the budget will allow. Presenters will be notified in advance if the A/V requests will be granted.

Please indicate if you are able to provide any of your own A/V needs. Thank you.

Any other information regarding your workshop:

Thank you for your interest in presenting a workshop at the 2010 Great Lakes Region Puppetry Conference. We look forward to reviewing your proposal. Please remit proposal forms to:

**Dave Rozmarynowski, Workshop Chair
540 River Avenue
South Bend, IN 46601
dave@roznuppets.com**