

Creative Arts for Home and Hobby Division



Presenter / Demo Information

Name of Presenter: _____ Date: _____

Company or Group Affiliation: _____

Presentation/Demo Title: _____

Type of Demo: Cooking () Craft () Lecture ()

Contact Info:

Phone #'s Home/Office: _____ Cell: _____

Email																																								
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Mailing Address: _____

Scheduled Date of Presentation/Demo: _____ Time: _____

Special Requirements for Demo: _____

Are they interested in doing a Presentation/Demo next year?? YES () NO ()