

New England Traditions 2010

TEACHER INFORMATION SHEET

Please complete and return with your submission

Full Name _____ SDP Certification _____

First Name you prefer _____

SDP Membership # _____ Social Security # or Tax ID # _____

Address _____

City _____ State _____ Zip _____ Country _____

Primary Phone _____ Fax Number _____

Email Address _____

Web site Address _____ Would you like to have your Web site linked

to www.newenglandtraditions.org & have our Web site linked to your Web site? Yes No

Cell/Mobile Phone _____ (In case of emergency during Convention)

Will you have a booth in the Exhibit Hall either by yourself, with another artist, or as an employee of a company during Convention? Yes No

List name of business: _____

If you are accepted to teach at New England Traditions, is there anything you would like us to consider when scheduling your classes? _____

(We will do our best to accommodate requests, but do not guarantee that we will be able to.)

Additional Comments _____

If you have not taught at New England Traditions before, please complete the following:

Have you taught at any conventions? Yes No

If yes, where and when? _____

How many years have you been teaching? _____ Where? _____

Have you taught as many as 30 students at one time? Yes No

Where? _____

Please give a brief resume of your education, experience, and accomplishments in the decorative painting field:

