

Workshop / Course Proposal Form

Instructor Name:			Date:	
Mailing Address:			Day Phone:	
City:	State:	Zip:	Cell Phone:	
Email:		Website:		
4pm with an hour br		re typically offere	; Friday, Saturday and Sunday from 10 am to ed in a once-a-week format on Monday, Tues 4pm.	
Proposed Workshop	or Course Title:			
Medium:	Format:		Instructor fee:	
Workshop / Course [Description:			
Brief Biography:				
				
Where have you tau	ght before:		Return this completed form to:	
			ASDM Susan T. Fisher; Director, Art Institute 2021 N Kinney Road Tucson, AZ 85743 phone: 520.883.3082 fax: 520.883.3043 email: sfisher@desertmuseum.org	