**Webinar Proposal**

***Stay -in-Place Productions***

**Entries will be reviewed upon receipt. Deadline: August 28, 2020**

**Submit by Email:** info@shakerartscouncil.org

*Webinars will be scheduled during September and October 2020*

One application per webinar proposal

Application Date: / /

Dates/Times in September and October you cannot present a webinar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contractor/Presenter Contact Information:

First Name Middle Initial Last Name

Name of Business or Corporation, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Phone: ( ) - Cell Phone: ( ) -\_

Email Address: Web Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Webinar Proposal Information:

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

*(Limit to 50 words; describe the webinar as you wish to see it in the promotional material)*

**Brief Biography/Credentials:** *(Limit to 50 words, as you wish to see it in the promotional material)*

By signing below, I confirm that the information above is correct to the best of my knowledge, and I will provide the services described in this proposal as described herein.

Signature Printed Name