

Speaker/Demonstrator Engagement Form

In order to best present you to our organization, please fill out the information below.

PLEASE PRINT CLEARLY					
Name					
Address					
City, State, Zip					
Phone Email					
Date of Engagement Guild Contact					
Focus of your presentation:					
Other mediums in which you create: Brief biography:					
	PLEASE NOTE:				
The Guild is able to provide a v	vebcam and projector screen fo	or pro	esenta	tions	.
You are welcome to bring your promote	tional material.				
• Do you allow photos to be taken of your art after your presentation?			YES		NO
 Will you allow the Guild's photographer to photograph your art throughout your demonstration? 			YES		NO
 May we list your classes/workshops on the Guild's website? 			YES		NO
Release I give permission to Campbell Artists' Guild (G digital photos and videos of my presentation purposes only.					
Signature of Speaker/Demonstrator	Date				

Please return this signed and completed form to your Guild Contact prior to your demonstration.