

NAEA OFF-SITE WORKSHOP PROPOSAL

Please provide complete information; indicate if any requested information does not apply so it is clear that no data has been inadvertently omitted. Use one form for each workshop.

Location of Workshop: _____

Workshop Title: _____

Contact: _____

Artist or Leader: _____

Address: _____

Contact Phone: _____ **Fax:** _____ **E-mail:** _____

Participant limits: Minimum _____ Maximum _____

Time required onsite (3 hours maximum): _____

Estimated Travel time: _____ **Distance (miles):** _____

Bus transportation will be required: _____ Yes _____ No

Preferred day and time: _____

Indicate any day of week not available (location closed, etc.): _____

Fixed cost of workshop materials regardless of number attending: \$ _____

***Honorarium:** \$ _____

*Where possible, workshops should be conducted by NAEA members and no honorarium is paid. However, some workshop leaders/artists will not be members and an honorarium may be negotiated. *Only the NAEA Executive Director is authorized to enter into any agreements for workshop costs, and commitments made by committee members will not be honored.*

Deadline: July 15, 2008
Mail completed proposals to:
Mark Trampf
2951 Polk St. NE
Minneapolis, MN 55418

Workshop Description—you may add attachment if necessary (for pre-registration materials; be brief but very descriptive, since most potential participants will have little or no idea about the workshop content or the artist’s or leader’s qualifications):

NAEA OFF-SITE WORKSHOP MATERIALS LIST

Please list all materials for which NAEA will be expected to provide reimbursement. Base quantities and dollar amounts on the maximum number the workshop will accommodate. Reimbursement is based on the terms cited in the Contract for Services which must accompany this form. Please be advised that no reimbursements will be made without original receipts.

TYPE OF MATERIAL	COST PER UNIT	QUANTITY	AMOUNT
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ESTIMATED COST PER PERSON: \$ _____ TOTAL: \$ _____

NAEA TOUR PROPOSAL

Please provide complete information; indicate if any requested information does not apply so it is clear that no data has been inadvertently omitted. Use one form for each tour.

Location of Tour: _____

Tour Title: _____

Contact: _____

Tour Leader: _____

Address: _____

Contact Phone: _____ **Fax:** _____ **E-mail:** _____

Participant limits: Minimum _____ Maximum _____

Time required onsite (3 hours maximum): _____

Estimated Travel time: _____ **Distance (miles):** _____

Bus transportation will be required: _____ Yes _____ No

Preferred day and time: _____

Indicate any day of week not available (location closed, etc.): _____

Site admission per person: \$ _____

Meal: \$ _____

Other (please be specific): \$ _____ **TOTAL FOR ALL:** \$ _____

***Honorarium:** \$ _____

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Tour Description—you may add attachment if necessary (for preregistration materials; be brief but very descriptive, since most potential participants will have little or no idea about the tour content):

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2951 Polk St. NE

Minneapolis, MN 55418

or e-mail: mtrampf@comcast.net