Bess Streeter Aldrich
Workshop Presentation Information

Title of Workshop/Demonstration

Presenter

Address

City ___________________ State ______ ZIP ___________________

Email

Phone Number

Date of Presentation ___________________ Hours ___________________

Registration Deadline ___________________

Site of Presentation? Aldrich House _______ ; Museum _______ ; Gardens _______

Cost/Person ___________________________ (Aldrich Foundation will add $5/person)

Number of Participants (maximum) ___________ Minimum (if any) ______________

Materials Provided? ______ Need to bring? __________________________

Description of Workshop (what will they learn, what will they see, what skills do they need to have)

Office Use: $ _____________, Check # _____________, Date ________________