



## Bead Society of New Jersey Workshop Proposal Form

Instructors Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Brief Bio (include teaching credentials)

\_\_\_\_\_  
\_\_\_\_\_

I want to teach the following (circle one)    new class    previously taught at \_\_\_\_\_

Workshop Name: \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Techniques Covered \_\_\_\_\_

Length (hrs.) \_\_\_\_\_ Level: (circle one)    Beginner    Intermediate    Advanced    All

Preferences : (circle)    Weekday    Saturday    Sunday    Morning    Afternoon    Evening

Maximum Students # \_\_\_\_\_ Minimum (Three)

All workshops must be original in design and not include other's copyrighted materials. Bead magazine projects are not acceptable. Artist workshops being taught with permission must have written consent submitted with proposal to BSNJ.

Sample and Supply list must be provided before workshop will be considered.

Written directions for each student should be provided at workshop.

All payments will be made through the Bead Society of New Jersey.

Most workshops will be held at Colts Neck Library based on availability.

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**Mail your proposal to:**

**Mychelle Kendrick Attn. BSNJ Workshops**  
49 Columbia Drive  
Tinton Falls, N.J. 07724

**can also be emailed to:**

[Mammak11@yahoo.com](mailto:Mammak11@yahoo.com)

Please email **Mychelle** at [Mammak11@yahoo.com](mailto:Mammak11@yahoo.com) for any additional information or questions.