

Jean Elson

NSACA

Office Co-ordinator

Wallace House 1 Wallace Drive Noosaville 4566

Thank for your workshop enquiry. Please complete the information below and we will present your proposal to the Management Committee for approval.

| Your name: | ABN: | |
|---|--------------------------|--------------|
| Mobile No: | Email: | |
| Workshop Title: | | |
| Day of the week? | Session length: | hrs. |
| Tutor's Fee: \$ | Max No. of participants: | |
| I have attached a flyer (Word) : | Materials required list: | |
| Materials supplied? | 4 images of work (2mk | o): |
| Description of participants likely to be interested in your workshop: | | |
| This information will be used to establish discounted rate) and non-members. You Ordinator as soon as possible. | | |
| Please return the completed for to <u>create</u> | e@noosaartsandcrafts.o | <u>rg.au</u> |
| Kind regards | | |
| | | |