

# NC

## NORTHERN CALIFORNIA QUILT COUNCIL

# QC

### 2020 Meet the Teachers Program Wednesday, April 8, 2020, July 8, 2020 Meet the Teacher Application

Please type or print clearly and **CIRCLE** any new or changed information:

Name: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_

Website \_\_\_\_\_

My workshop/lecture titles remain the same as January 2019 list. YES \_\_\_\_ NO \_\_\_\_

If no, please PRINT titles of your lectures and workshops (continue on back if needed):

Workshops	Lectures
_____	_____
_____	_____
_____	_____

**PLEASE NOTE:**

- Your 3 minute talk must include your self-introduction.
- You agree to remain at your table until ½ hour after program has ended (until 12:30pm).
- Order of presentation is determined by lottery.
- Current NCQC Teacher-members have priority.
- More detailed information will be sent to with your confirmation.

\_\_\_\_\_ I am new to this program.    \_\_\_\_\_ I have spoken here in the past.

**PLEASE CHECK ONE:**

- \_\_\_\_\_ I am UNABLE to attend but want to be on the Teacher/Speaker list.
- \_\_\_\_\_ I WILL attend and want to be included on the Teacher/Speaker list.
- \_\_\_\_\_ I am no longer interested in receiving this mailing.
- \_\_\_\_\_ I would like my information listed at NCQC.net.

Check one or more dates if you wish to present.

I would PREFER to speak at the Wednesday, APRIL 8, 2020 meeting. YES \_\_\_\_ NO \_\_\_\_

I would PREFER to speak at the Wednesday, JULY 8, 2020 meeting. YES \_\_\_\_ NO \_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

SEND: This completed form,

TO: Karren Lusignan, 11245 Camjen Lane, Auburn, CA. 95603. (530) 887-1372