

PAN PAGAN PROGRAM PRESENTATION FORM

1. Program Title: _____

2. Description of Program: _____

(If you need more space, please use back of form.)

3. Name(s) of Presenter(s) as to be shown in Program Book (Note: All Presenters MUST be pre-registered) :

4. Their Background: _____

5. Special Needs - i.e. space, limit on participants, light, etc. YES _____ NO _____

If Yes, describe: _____

(Please Note: a) no guarantees, b) while you may limit number of participants, ALL registrants have the right to observe!)

6. Time Preference: 1st Choice: Day _____ Time _____; 2nd Choice: Day _____

Time _____; 3rd Choice Day _____ Time _____; or Anytime _____

7. You plan to arrive: Day _____ AM _____ PM _____

8. Name, Address, & Phone No. Of Contact Person: _____

e-mail address _____

Please Note: While we ask everyone to give two hours of their time to help out the Fest, since Program Presenters are already giving their time, usually more than an hour, they are exempt from this duty. REMEMBER: The Festival will only be as GREAT as those who by their willingness to SHARE make it? Let's ALL make it GREAT!!

Complete & Return This Form By JULY 13th To:

MIDWEST PAGAN COUNCIL
P.O. BOX 160
WESTERN SPRINGS, IL 60558-0160