

DIVA Center 110 W. Broadway  
Phone: 344-3482 - E-Mail programs@divanow.org  
Please Return By Posted Deadline

Proposed: (check) \_\_\_\_\_ Class or \_\_\_\_\_ Workshop

Title of Class or Workshop:

Name of Instructor:

- Instructor Phone Number (\_\_\_list/\_\_\_don't list):
- Instructor E-Mail (\_\_\_list/\_\_\_don't list):
- Instructor Surface Mail (\_\_\_list/\_\_\_don't list):

Preferred Day of Week:

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of Weeks: \_\_\_\_\_ Cost: \_\_\_\_\_

Prerequisites:

Two sentence description of class:

One paragraph description of class:

Tagline for Instructor:

Required Materials List:

Optional Materials List:

(Materials Fee \$\_\_\_\_\_)