

DCMO BOCES Arts in Education Program

Artist Form

Please type or print legibly

Artist _____

Contact Person (if different from above) _____

Address _____

Phone _____ Fax _____

Email _____ Website _____

Are you a member of the New York State Teacher Retirement System? Yes ____ No ____

If so, Active ____ Retired ____ Member # _____ Date of Membership: _____

PLEASE INCLUDE WITH THIS SHEET:

A RESUME

THREE RECENT LETTERS OF REFERENCE

A PRESENTATION PROPOSAL FORM FOR EACH PROGRAM OFFERED

SUPPORTING MATERIALS: SLIDES, CDs, ETC. (APPROPRIATE FOR SCHOOL AUDIENCES).

A BRIEF BIO (two or three sentences)--Describe your qualifications as an artist and educator; tie your presentation to curricula. Be brief and to the point; this will be your description in the Presenters Section of the catalog.