

Weaving Memories 2024 AMB Convention

GENERAL INFORMATION FORM

AMB MEMBER NUMBER _____ (if known)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

We must have a street address for shipping purposes. Baskets, if sent, will be returned by USPS. Please list a shipping address below if different from the address above.

All classes will be scheduled randomly throughout the convention. Eight, six, and four hour classes will be taught Wed-Sat; 12-hour classes will be taught Wed/Thurs or Fri/Sat; only four hour classes will be scheduled on Sunday.

Please indicate if there are any days that you will **NOT** be able to teach.

FEES

- There will be no fees for submitting class or program proposals.
- For mailing baskets, return shipping and insurance fees are \$5.00 PER BOX

Fee per Box \$5.00 X _____ = \$ _____

FEE TOTAL \$ _____ Please make check payable to **AMB**.

PROPOSAL FORMS, DIGITAL PHOTOS, BOX FEES (if appropriate and necessary)
must be received by: **FEBRUARY 21, 2024.**

Do not include proposal forms and fee check in the box with the baskets!

Mail to: April Norton, 4398 Satinwood Dr, Okemos MI, 48864
517-881-0840 ambllaptop1@gmail.com