**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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, 2025.**

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 amblaptop1@gmail.com