

WEAVER FEVER - 2025 AMB Convention

CALL FOR PROGRAM PROPOSAL

AMB MEMBER NUMBER _____ (if known)
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

PLEASE GIVE A BRIEF DESCRIPTION OF THE PROGRAM:

ARE THERE ANY SPECIAL NEEDS FOR THE PROGRAM?
(Digital projector, screen, table, electricity, microphone, etc.)

Please mail/email by February 21, 2025:

**April Norton
4398 Satinwood Dr.
Okemos, MI 48864**

**amblaptop1@gmail.com
517-881-0840**