

Sexy Spring VI Workshop Proposal

Name/s: _____

Contact Info (phone and/or email): _____

Organizational
Affiliation/s (if applicable): _____

Workshop Title: _____

Workshop Description (ATTACH ADDITIONAL PAGES IF NECESSARY):

Maximum number of participants (if applicable): _____

Special needs (board to write on, paper, projector, etc.):

Circle date/Time preference/s (if any):

Friday June 5

Saturday June 6

Sunday June 7

Morning/Afternoon

Morning/Afternoon

Morning/Afternoon

Return your completed form to info@sexyspring.org or to 1014 E 36th St. in Minneapolis.