PROPOSAL TO TEACH A CLASS THROUGH OMTA

Please fill out this application and supply any additional information you feel is necessary in order for the Executive Committee to make an informed decision in regards to your proposal:

Name:			
Phone:		Cell #:	
e-mail:			
Web Page:			
Credentials:			

Title of Class:			
Length of Class (hours):			
Location Preference: (circle the cities where you'd like to teach your class)			
Breitenbush	Portland	Salem	Eugene
Central Oregon	Southern Oregon	Eastern Oregon	Coastal Oregon
Cities:		State wide .	
General topic of the class:			
Minimum # of participants:		Maximum # of participants:	
Short Description of the class:			
How does your class satisfy the OBMT's CE requirements:			
Have you taught this class before? If so, where? How many times?			

If you have any brochures, flyers, postcards related to your class, please supply them as well. Send the information to:

Bruno De Block c/o OMTA, PO BOX 306, Bend, OR 97709 -- (541)330 - 1980

Or e-mail your information to: massage@bendbroadband.com

Revised on 10/31/05 by Bruno De Block