## **The Meeting Place Program Proposal**

For quarter:
<ul><li>□ January-March</li><li>□ April-June</li></ul>
□ July-September
□ October-December
Your Name:
Title of your Proposed Workshop: (In less than 8 words)
<b>Description</b> (In three sentences, this is how you would like to promote your workshop in our program):
What is your hourly or course rate?
(we cannot accommodate a 'per participant' rate as we cannot guarantee a certain
number of participants – hourly or full course rates only)
Do you offer this class at any other venue?
□ No □ Yes, at:
How will you offer this class, as a:  □ One- off
☐ Longer workshop/course runningweeks
Maximum number of participants:
Preferred day (please provide two options):
Tieleried day (piease provide two options).
Preferred start and finish time:

T 9432 9999 TTY 9432 9777

ABN 74 680 272 485

1300 MY FREO (1300 693 736)











will the participants need to purchase and/or bring materials, tools or
equipment?
□ No □ Yes places aposity
□ Yes, please specify:
Who is your target audience (be specific: age, gender, interests)?
while is your target addience (be specific, age, gender, interests):
How will you assist in promotion of your proposed workshop?
Do you have formal qualifications relevant to your proposed workshop? Please
specify:
☐ As part of your proposal please provide an <b>image or photo that promotes</b> your
workshop (photo needs to be at least 1MB in size)
Your Details (only required if your details have changed recently or this is your first time
as a tutor):
Address:
Proferred contact number:
Preferred contact number:
Email address:

The Meeting Place 245 South Terrace South Fremantle PO Box 807 Fremantle WA 6959





