

ANCIENT WAYS FESTIVAL PRESENTER FORM

Name: _____

Address: _____

City, State, Zip code: _____

Phone #: (_____) _____ - _____

E-Mail: _____

Type of Presentation (circle one): Workshop Ritual Performance

Other (specify): _____

Preferred day and time: _____

Title of Presentation: _____

Presenter name: _____

Subject Matter or description of event: _____

Description of you: _____

Send to: Ancient Ways, 4075 Telegraph Ave, Oakland, CA 94609
or email Mandy Shull: MANDY23SHULL@YAHOO.COM