



2017 HEART OF OHIO TOLE CHAPTER, INC.

CONVENTION

August 14-19, 2017

P.O. Box 626

Reynoldsburg, OH 43068-0626

Phone: 614-863-1785 Fax: 614-864-9335

Website: www.heartofohiotole.org Email: HOOT626@wowway.com



EDUCATOR INFORMATION SHEET

COMPLETE FORM (type or print). Please enclose 2 business cards.

Name _____ SSN# _____

SDP Certification, if any (CDA, MDA, TDA, other) _____

Address _____ Country _____

City _____ State _____ Zip _____

Home Phone _____ Fax _____

Cell Phone _____

Business Phone _____ Federal I.D. # _____

Business Name _____

Email _____ Website _____

Will you need to alternate class hours with another Educator? If so, with whom?

Will you have a booth on the Exhibit Sales Floor? _____ Booth Name _____

If you are accepted to demonstrate at our Convention, is there anything we should consider when scheduling your class(es)? (Include whether you use audio-visual equipment and how much set up time is needed.)

Are you willing to demonstrate back-to-back in the same classroom on the same day? _____

Are you willing to demonstrate a 1-hour free demo? _____

Are you interested in demonstrating a 2-hour special? _____

Are you willing to increase your class size from 35 to 50 students or demonstrate a repeat class?

Additional Comments:
