



ROCHESTER PAGAN PRIDE DAY FESTIVAL
ROCHESTER, NEW YORK

ROCHESTER PAGAN PRIDE DAY 2009
WORKSHOP PRESENTERS INFORMATION/BIO

Please complete this form and mail to: Myriah, 3728 Route 96, Lot 8, Shortsville, NY 14548
Or email to workshops@rochesterpaganpride.com. Thank you for your cooperation.

PLEASE PRINT ALL INFORMATION.
DEADLINE: August 15, 2009.

YOUR NAME _____

NAME (AS YOU WOULD LIKE IT IN THE PROGRAM) _____

MAILING ADDRESS _____

CITY _____, NEW YORK ZIP _____

PHONE NUMBER _____ CELL _____

BEST TIME TO REACH YOU _____

E-MAIL _____

NAME OF WORKSHOP YOU ARE PRESENTING _____

BIO INFORMATION: Please include # of years practicing, any organizations or causes you are involved in or have founded. Basically, include any information about you that you would like included in our program . Thank you.

