Title of class: (30-40 Characters)

Day of the week:

Date of class:

Fall classes run from Sept. 03 to Dec. 13

Time: our preferred times are 10:30 – 12:00 AM or 1: - 2:30 PM for lectures

Category:

Brief description of the class: (80-100 words Please)

| Location: Liberty Hall is our preferred location for | lectures |
|--|----------|
|--|----------|

| Instructor: | | | | | | |
|--|-------------------|-----------------|------------|----------------------|-------------------------------|--|
| Facilitator: | | Contact Info: | | | | |
| Class Limit: | | Class fee: | | | | |
| Information below this | box will not be l | isted in the ca | talog | | | |
| Instructor E-Mail/pho | one: | | | | | |
| Would instructor like | an NKA Catal | og if they are | en't an N | KA member? Yes | No | |
| Address: | | | | | | |
| Media Equipment nee | eded? Yes N | No | | | | |
| Projector DVD | PowerPoint | Laptop | P/A | Internet access | Other | |
| Materials/Supplies No | eeded? Yes | Handouts | | Other | | |
| If you do not want ZO | OOM please ch | eck the box | | | | |
| (If instructor wants N or CEWT office.) | KA to print coj | pies of hando | outs, prov | ide original two wee | eks in advance to facilitator | |

Please send completed form to Geoff Hogander <u>ghogande@yahoo.com</u> and Kathryn Dafoe <u>katydafoe@hotmail.com</u> Please have the CIF in by May 22nd