



2020 Las Vegas CREATIVE PAINTING CONVENTION

2875 SANTA MARGARITA ST. • LAS VEGAS, NV 89146

Phone: (702) 221-8234, 11:00 a.m. - 5:00 p.m. PACIFIC time, Mon - Fri.

E-mail: vegaspaint2@aol.com Website www.vegaspaint.com

OFFICIAL TEACHER APPLICATION - **DEADLINE: MARCH 10, 2019**

Submissions must be RECEIVED (not just postmarked) by the deadline.

convention dates: Feb. 16 - 21, 2020, at the Tropicana Las Vegas

CLIP (do NOT staple, tape, or glue) COLOR PHOTO OF DESIGN TO THIS APPLICATION

TEACHER INFORMATION

Name: _____

Address: _____

City _____ State ____ Zip _____

Home Phone _____

Cell Phone _____

E-mail address _____

Website address _____

Social Security # _____

If you have and prefer to use your federal tax I.D. #, provide that number above INSTEAD of your S.S. #.

Do you have a preference for teaching times?

(We cannot guarantee this, but we'll try our best)

mornings afternoons evenings

Do you wish to also have an exhibit? yes no

Do you use an overhead projector? yes no

TERMS AND CONDITIONS

Certification of originality: The teacher MUST warrant that the design to be taught is an original design, NOT previously published and NOT taught elsewhere, and does NOT infringe on the copyright of another. Teacher agrees to hold harmless the Creative Painting Convention for any claims and/or suits arising from said design being taught. The teacher further agrees to assume responsibility for defense costs arising from any such action.

Teacher agrees to teach the design submitted at the time and classroom assigned at the Creative Painting Convention. Lodging at the convention and transportation are the teacher's own responsibility. Teachers will be paid \$3.50 per student per hour based on actual paid attendance, (plus the supply cost). Attendance limit is 27 to 36 for classes in most cases, unless otherwise pre-arranged.

NOTE:

Teacher shall be liable for a charge of **\$8.00 PER STUDENT** if for any reason he/she does not show up to teach the class(es) at the convention, or if teacher cancels his/her attendance after publication of class directory. This shall also apply for violation of any terms/policies of Creative Painting.

I have read and understand all "terms and policies", procedures, and rules, and agree to same.

Signed, _____, teacher

Date _____

CLASS INFORMATION

Project Title: _____ **NOTE: All submissions MUST be unpublished**

Size of painting surface: _____ What is the surface? _____

(give description, such as wood sled, stretched canvas, etc.)

Supplies furnished by teacher (other than paints): _____

Brushes needed (be specific but generic) _____

Supply cost to student \$ _____ (round cost up to nearest dollar. Price must be adhered to once directory is printed)

Give a brief description of the class: _____

Medium:

Acrylic, brand: _____

Pencils, brand: _____

Watercolor, brand: _____

Oil painting, brand: _____

Mixed media: _____

Other, medium: _____

Class Length:

3 hour or 4 hour (times vary)

6 hour (9 am - 4 pm or 2 - 9 pm)

8 hour (8 am - 5 pm)

NOTE: 8 hour class sessions will be very limited for the 2020 convention, based upon classroom availability.

Skill Level:

Beginner - Little or no painting experience, or trying a new medium

Intermediate - Basic skills, brush control, good understanding of fundamentals

Advanced - Extensive experience and skills for a class taught at a brisk pace.

Complete a copy of this form for EACH submission. There is NO FEE if sent by mail. See below for electronic submission.

IMPORTANT: Projects submitted must remain UNPUBLISHED AND UNTAUGHT elsewhere until after the convention.

Need a 10 day extension to the deadline? Include a \$10 fee payable to "Creative Painting". (donated to animal charities)

To submit electronically, please read the instructions below, or visit www.vegaspaint.com and click on Teacher Forms.

Send this form as pdf or jpeg, and photo as jpeg or tiff. Send each submission in a separate email to vegaspaint2@aol.com

The charge to submit electronically is \$5 each with a \$10 minimum (to cover costs of printing out photos, etc.).

By Mastercard or Visa: _____ - _____ - _____ - _____ Exp: ____/____. 3-digit code: _____

Card Billing Zip Code _____ Name On Card _____