



## Illinois Art League Workshop Survey

Please Print

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How many days for a workshop do you consider ideal?

1 Day \_\_\_ 2 Days \_\_\_ 3 Days \_\_\_

What days of the week work best for you?

M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sat \_\_\_ Sun \_\_\_

Medium Desired \_\_\_\_\_

Mail to: Illinois Art League  
PO Box 3532, Peoria, Illinois 61616  
or  
Email to: [contactus@illinoisartleague.com](mailto:contactus@illinoisartleague.com)