

**REGIONAL FACULTY INFORMATION FORM**

This information will be used to create a directory of faculty on the Region 17 website.

**Please attach a digital picture to this document where indicated or include in an email.**

***Please complete and return this document to***

Sherry Berkley, Communication Coordinator: [sherrylead@gmail.com](mailto:sherrylead@gmail.com)

Lynne Peirce, Education Coordinator: [lynneerskinepeirce@gmail.com](mailto:lynneerskinepeirce@gmail.com)

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| **Faculty Member Name:** | **Email Address:** | |
|  |  | |
| **Address:** | **Telephone:** | |
|  |  |  |

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| --- | --- |
| **Background, Experience and Credentials:** | **Specialties/Areas of Expertise:** |
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| --- | --- | --- | --- | --- | --- | --- |
| **Education Available** | | | **General Availability** | | | **Fees** |
| Chorus Coaching | Yes | No | Harmony Weekends | YES | NO | Chorus Coaching: |
| Quartet Coaching | Yes | No | Your Location | YES | NO | Quartet Coaching: |
| PVIs | Yes | No | Coach’s Location | YES | NO | PVIs: |
| **Other:** | | | Virtual/Zoom | YES | NO | Incidentals: |
| **Comments:** | | | **Other:** | | | **Comments:** |

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| --- |
| **Photograph:** |
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