



## **WAINWRIGHT HOUSE**

Holistic Center Since 1951

260 Stuyvesant Avenue, Rye, NY 10580-3115

914-967-6080 • Fax: 914-967-6114 • [www.wainwright.org](http://www.wainwright.org)

### **PROGRAM PROPOSAL**

**Date:**

**Name:**

**Address:**

**Telephone:**

**Email:**

### **PROGRAM DETAILS**

**Name of Program Instructor/Presenter:**

**Title of Proposed Program:**

**Brief Program Description:**

(describe in approx 120 words - may be edited by Wainwright House to use in promotional materials)

**Program Format** (workshop, lecture, series, etc.)

**Ongoing Program?**

**Preferred Day of Week** (M-F or weekend)?

**Preferred Time of Day** (morning, afternoon, evening)?

**How long (how many hours) is the program?**

**Season desired (Fall/Winter/Spring/Summer)?**

**1<sup>st</sup> choice of dates:**

**2<sup>nd</sup> choice of dates:**

**Program relevance to WH:**

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### **INSTRUCTOR PAYMENT TERMS**

Payment terms to instructor has two options:

**Option 1**

Program revenue is split between Wainwright House and Instructor at a 60/40 split.  
Wainwright 60%; Instructor 40%

**Option 2**

Instructor is paid a set rate for program. If option 2 is selected, what is instructor's required minimum flat rate? \$\_\_\_\_\_

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### **PROGRAM PRICING**

Program pricing is determined by Wainwright House.

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### **PROGRAM MARKETING**

If your program is approved, your program will be listed on our website, in our Program Guide (if it meets the print deadline) and supported through our e-mail campaigns, flyers, free listing in local community press and online event calendars and other printed materials.

**Instructor Marketing Requirements**

We also require you to help market your program by promoting on your website, in eblasts to your contact lists, posting to social media sites, flyer distribution, etc. Your efforts can make the difference between a successful program and a cancelled program.

**Potential Attendees/ Organizations/ Individuals who would attend this program:**

**What is your promotional plan?**

**What is the size of your e-mail list? Do you have a current following?**

**How often do you e-mail to your list?**

Do you have social media accounts? (Facebook, Twitter, Pinterest, etc)? \_\_\_\_\_

List Social Media sites and the URL:

\_\_\_\_\_

Do you have a website? \_\_\_\_\_ Website address: \_\_\_\_\_

What Organizations are you a member of that could support your program?

### **INSTRUCTOR INFORMATION**

Please submit a **brief bio** (*approximately 50-100 words – please keep short & tight – please donot cut & paste resume*)

Have you taught this program before? Where?

Have you delivered other programs? What programs? Where?

Have you authored or co-authored a book and/or other publications?

Have you been highlighted or appeared in the media (print/tv/radio, etc)?

Please attach any relevant marketing materials (brochures, testimonials, reviews, etc.)

Practitioners must be licensed and provide a copy of their insurance certificate listing Wainwright House as a certificate holder (*you will be asked to submit if proposal is approved*).

If your modality does not require licensing, please provide a resume and copy of diploma and/or certification credentials (*please submit with proposal*).

Please list 2 references:

- 1.
- 2.

**Submit Program Proposal via email, fax or regular mail to:**

Program Coordinator  
Wainwright House  
260 Stuyvesant Avenue, Rye, NY 10580  
Email: [programco@wainwright.org](mailto:programco@wainwright.org)  
Fax: (914) 967-6114 Phone: (914) 967-6080, ext. 102

**Please allow four to six weeks for a reply to your proposal.**

**Thank you for considering Wainwright House.**

*Wainwright house is the oldest nonsectarian, nonprofit holistic learning center in the United States, dedicated to fostering spiritual growth and ethical values in ourselves, the community and the world. Wainwright house is a non-governmental organization (NGO) of the United Nations and hosts educational programs, retreats and conferences for civic, nonprofit and other organizations.*

**For Wainwright House Use Only:**

**Approved (Y/N)** \_\_\_\_\_

**Cost of Program:** \_\_\_\_\_

**WH Overhead:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**# Attendees for breakeven:** \_\_\_\_\_