

## ARTIST-IN-RESIDENCE INQUIRY – STEVEN BRYANT

Date

Organization name

Contact name

Contact address

Contact phone

Contact e-mail

Description of service(s) requested (check all that apply)

Consult with ensemble in rehearsal of composer's piece(s)

Give presentation on composer's music / speak to classes

Conduct composer's own work(s)

Operate laptop and electronics for *Ecstatic Waters*

Other:

Date(s) of service(s)

Total number of days in residency (including travel days)

Location

Equipment/supplies or set-up needs required for the residency (i.e. laptop computer, audio interface, perusal scores for presentation, etc.)

***\*Please note: Mr. Bryant's transportation costs, lodging, food, and materials for residency will be paid for and provided by the organization sponsoring the residency.***

Complete and return this form to Sarah Meals, Mr. Bryant's assistant, at [info@stevenbryant.com](mailto:info@stevenbryant.com).