

JOHN NICHOLAS BROWN CENTER WORKSHOP REGISTRATION FORM

PEACE, LOVE, AND FINANCE: PERSONAL FINANCIAL ADVICE FOR ARTISTS AND CULTURAL WORKERS

March 2, 2010

E. Larson Guinness, independent financial advisor

Economic times are tough in the aftermath of the banking collapse of 2008 and 2009, and will be for some time. People face intense financial pressure in their personal lives. Artists, musicians, writers, dramatists, and other creatives feel this acutely. Many are unsure how to develop the skills and knowledge they'll need to find their way through. Tools, resources, and approaches from the world of business and personal finance can be embraced by the arts and humanities communities, but only if the transfer of knowledge is done in a way that understands and addresses their unique needs, concerns, and interests. If you have made a commitment to your creative practice, and are struggling with the financial implications of that commitment, then this workshop is for you. Those who work in small and lean organizations dedicated to providing support to creative practitioners are also encouraged to attend.

E. Larson Guinness has over ten years experience in the financial services industry. For the past four years, he has run his own independent financial firm. He also has prior employment with Smith Barney and Fidelity Investments. He holds degrees from Kenyon College and the MIT Sloan School of Management. In addition, Larson is a writer, storyteller, and musician. He is currently working on an M.F.A. in interdisciplinary arts through a low residency program at Goddard College.

PERSONAL INFORMATION

First name: _____ Last name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail: _____

REGISTRATION FEES*

\$10.00 x _____ = \$ _____

**Registration includes the workshop from 3 – 5 p.m. and refreshments. Brown University students are free.*

PAYMENT

Check enclosed (payable to Brown University)

Credit card number (Visa or MasterCard): _____ Exp. date: _____

Cardholder's name: _____

Signature: _____

By signing, I authorize this payment on my credit card.

**FAX COMPLETED FORM TO 401 863-7777 OR MAIL TO 357 BENEFIT STREET, PROVIDENCE, RI 02903.
PLEASE REGISTER BY WEDNESDAY, FEBRUARY 24, 2010.**