

IACT / IMDHA

Conference Event Proposal!

HYPNO-EXPO 2010

A COMPLEMENTARY HEALTHCARE EXTRAVAGANZA

MAY 26th – 31st

Last Name: _____
First Name: _____
Category: _____
Date submitted: _____
(office use only)

Thank you for your consideration of being a presenting partner at our Annual Educational Conference. Here is the information we need which will help us, in collaboration with you, launch the most interesting and exciting Conference we have ever offered. If you would like us to consider more than one topic, workshop or course, kindly submit 1) a *separate proposal* for each topic and/or presentation category (*electronic submission is preferred*). 2) a 60-80 word bio and 3) a photograph.

Please note: First time presenters must submit speaker references with at least one performance CD or DVD.

Deadline for submissions is Wednesday, September 1st

We need a separate proposal for each topic and presentation category. Check only one per submission!

PLEASE PRINT OR TYPE LEGIBLY!

___ 45 Minute Lecture ___ 2 Hour Workshop ___ Full Day/s Pre/Post Course

Select only one! *Submit a separate form for each topic and length of presentation*

Title: _____

Description:

In one sentence, which is the most important benefit the attendees will gain from attending your program.

Other information about this program we should announce:

As you know, this is a collaborative effort, so we appreciate your assistance in announcing the Conference. Which are the most convenient ways for you to help as a marketing partner (please check those that apply):

- | | |
|--|---|
| <input type="checkbox"/> Provide a link or email address to our conference registration page | <input type="checkbox"/> Send email invitations to my email list |
| <input type="checkbox"/> Send out postcard announcements to my mail list how many? (___) | <input type="checkbox"/> Help establish a local chapter |
| <input type="checkbox"/> Send out Conference brochures to my mail list (how many? ___) | <input type="checkbox"/> Announce our event on your website |
| <input type="checkbox"/> Participate in a teleseminar, announced to my email list | <input type="checkbox"/> Provide an article for publication in our magazine |

~ By submitting this proposal you agree to participate and accept any time or day the conference committee selects ~

Name: _____

Address: _____

Email address: _____ Web address: _____

Office Phone: _____ Fax#: _____

Home Phone: _____ Mobile Phone: _____

I am a member of IACT

I am a member of IMDHA

I am a member of *both* IACT & IMDHA

I am *not* a member of either organization

Mail, Email or Fax to: Selection Committee • IACT /IMDHA Conference Submission • RR #2 Box 2468 • Laceyville, PA 18623
PHONE: (570) 869-1021 • FAX (570) 869-1249 • EMAIL: info@iact.org or info@imdha.com