

IACT / IMDHA

Conference Event Proposal!

HYPNO-EXPO 2018

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

A Complementary Healthcare Extravaganza

MAY 18th – 20th

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 3) a photograph and 4) a handout for the presentation. First time presenters must submit speaker references with at least one performance CD or DVD. Deadline for submissions is **September 15th**.

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

Submissions missing the required material above will be rejected without notice.

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 topic we should know:

Hypno-Expo 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):

___ Provide a link or email address to our conference registration page
___ Send out postcard announcements to my mail list how many? (___)
___ Send out Conference brochures to my mail list (how many? ___)

___ Send email invitations to my email list
___ Provide an article for publication in our magazine
___ Announce our event on your website

~ 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 • 8852 SR 3001 • Laceyville, PA 18623
PHONE: (570) 869-1021 • FAX (570) 869-1249 • EMAIL: info@iact.org / info@imdha.com • **Electronic Submission Preferred**