

Workshop Presenter Application

Application Due Date: October 7, 2016 by 5:00 p.m.

We request your application to be considered as a Presenter at the So Cal Women's Health Conference. This educational event is primarily directed toward women who may have limited access to information regarding:

- Health Beauty Exercise Nutrition
- Female-Related Cancer prevention, detection, treatment, and cure
- Obesity Heart Disease Diabetes Hypertension

Presenters for this event will be dynamic and knowledgeable speakers who will conduct workshops that provide information and ideas about women's health and health awareness to our target audience. Workshop presenters are not paid to participate in the conference.

General Information

Date you will be contacted if approved as a workshop presenter: May 6

Date of Conference: Friday, December 16, 2016 **Time of Conference:** 8:00 a.m. to 3:00 p.m. **Location of Conference:** Pasadena Hilton

Timing of presentations is 45 minutes, including introduction and Q&A.

Handouts and Audio-Visual Equipment: You will be responsible for bringing your own materials to the workshops.

No Sales of Products or Services: We ask that your presentation is educational in nature and is not promoting nor selling your products or services.

Booth Opportunity: If you would like to sell books, products or services – we extend a booth to you for a discount fee. Please advise us if this is of interest to you and complete and return to us the Booth form.

All presenters interested in speaking **MUST** submit the following via **email ONLY:**

- Completed nomination form via email ONLY (enclosed)
- Speaker's Curriculum Vitae
- "Headshot" Photo of Speaker **ONLY** (in jpeg or TIFF format) 500 KB or larger, minimum 300 dpi Please submit a professionally-taken, well-lit photo if possible

Your application will not be considered if it is not completed and the picture is not included.

APPLICATION SUBMISSION DUE DATE

October 7, 2016 at 5:00 p.m.

Submit via Email to Lena L. Kennedy:

Ikennedy@Ilkassociates.com

The Application can be found on the following page



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If you are interested in being considered as a presenter, please fill out the form below, scan and email to lkennedy@llkassociates.com.

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR CONSIDERED - PLEASE TYPE YOUR RESPONSES)

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Hospital or Co	ompany Name:		
Workshop Tit	le:		
Presenter Cor	ntact Information: I	E-mail:	
Daytime Phone:		Cell Phone:	
Address:		City:	ZIP:
Type of Works	shop: 🗆 Lecture/S	Seminar ☐ Interactive/Workshop	
Workshop De program book		rords; [PLEASETYPE] please do not exceed – this i	is what will be placed in the
Abbreviated : program book	· ·) words; [PLEASE TYPE] please do not exceed – th	nis is what will be placed in the
What does	s your presenta	tion require:	
		ed on our website	
·		nd posted on our website 📮 Yes 📮 No Please in	
	II you bring a compu	·	
-	l you bring a project		
•		(To have a wireless mic – the rental cost is \$50)	
•		u will have to provide payment two weeks after yo	ou are confirmed as a speaker.
☐ Table	☐ Podium	☐ Other	•
Please includ	e the following iter	ns with your application:	
		application form via email ONLY by October 7	with photo
		requirements on previous page)	with photo
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