



SPEAKER APPLICATION FORM

Please complete every section in this form and return to Conscious Living. **Entries Close May 31st**

Fax to: (08) 9383 2079 E: expo@consciousliving.net.au MAIL: PO Box 6150 Swanbourne, WA, 6010

Please attach a colour photograph and any other relevant images with your media profile for publicity purposes. All applications will be submitted to the Program Director for approval and you will be notified as to whether your submission has been included in the Program.

Name of Presenter: _____

Company or Organisation Name: _____

Address: _____ Post Code _____

Telephone: (W) _____ (H) _____ (Mob): _____

Email: _____ Website: _____

Title of Presentation: _____

Number Of Presenters Involved: _____

- Paid Keynote Workshop 2 hours Free Performance/Demo/ on Main Stage 20 minutes
 Seminar Presentation 45 minutes 30 minute talk in Speakers Cafe

Description _____

Preferred Date: _____ Preferred Time: _____

Please Tick the Audio Visual Equipment required

- Whiteboard (supplied) CD Player (supplied)
 Hand Held / Lapel Microphone (supplied) Data Projector
 Slide Projector TV/ DVD/Video

Would you like to receive Expo Programs for distribution to your Friends and Clients?

Quantity _____ Signed: _____ Date: _____

P.O. Box 6150 Swanbourne, WA 6010
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