

SPEAKER APPLICATION

Gift of Light Expo ~ 2008

March 15 & 16, 2008

SATURDAY 10-7 & SUNDAY 10-6

OFFICE USE ONLY

| | | |
|------|-----|--------|
| SAT: | RM: | BOOTH# |
| SUN: | RM: | |

| | |
|--|---|
| NAME: | CLASS TITLE: |
| ADDRESS: | APT# |
| CITY: | STATE: ZIP: |
| TEL: | CELL: |
| E-MAIL: | WEB: |
| DAY PREFERRED: SATURDAY _____ SUNDAY _____ | HAVE YOU EVER SPOKEN AT THE GIFT OF LIGHT BEFORE? |
| TIME PREFERRED: _____ AM _____ PM (NO GUARANTEES) Class Hours are: Saturday 11-6 and Sunday 11-5 and are 1 hour long. | YES _____ NO _____ DO YOU HAVE A BOOTH THIS YEAR? YES _____ NO _____ |

Please give a brief description of your class topic:

Your Options

Thank you for submitting your application to be a Speaker at The Gift of Light Expo! We will contact you shortly concerning photos and bio needs for our yearly program. **If you would like to submit a photo or bio at this time, please do it electronically. This is preferred for visual and transfer purposes; your photo will come out better if you send a CD or a file through E-Mail.** If you don't have that option, please let us know and we can make further arrangements. You may attach/write your bio below or use the back of this sheet. Please write legibly so we can place it in the program correctly, or run it through your printer, so it will be typed on back. You may attach your hard copy photo below. Please understand, photos and bios will not be returned. If you have been speaking with us in the past, you need not submit anything, only updated bios & photos if desired.

WHERE TO GO:

**Veteran's Memorial Hall
300 West Broad Street
Columbus, OH 43215
614-221-4341**

MAIL TO:

**Kelly Bowman
P.O. Box 340311
Columbus, OH 43234
614-430-9199**

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