SPEAKER APPLICATION

Gift of Light Expo ~ 2009

March 14 & 15, 2009
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_____ **TIME PREFERRED: _____ AM PM** (NO GUARANTEES) Class Hours are: Saturday 11-6 and Sunday 11-5 and are 1 hourv long.	**HAVE YOU EVER SPOKEN AT THE GIFT OF LIGHT BEFORE?** **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:

Veterans Memorial Hall
300 West Broad Street
Columbus, OH 43215
614-221-4341

Your badge will be waiting at the Box Office when you arrive!

SEND TO:

FAX: 614-430-9189

www.giftoflightexpo.com
E-Mail: kelly.bowman@sbcglobal.net