

Gift of Light Expo

OFFICE USE ONLY

Class Hours are: Saturday 11-6 and Sunday 11-5 and are 1 hourv long.

SAT:	RM:	BOOTH#
SUN:	RM:	

NAME:	CLASS TITLE:
ADDRESS:	APT#
CITY:	STATE: ZIP:
TEL:	CELL:
E-MAIL:	WEB:
Which show is it for? Columbus or Cleveland	HAVE YOU EVER SPOKEN AT THE GIFT OF LIGHT BEFORE?
DAY PREFERRED: SATURDAY _____ SUNDAY _____	YES _____ NO _____
TIME PREFERRED: _____ AM PM (NO GUARANTEES)	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**