



Speaker's Bureau
Integrative Health Forum

www.ihfglobal.com

13 Eagle Ridge Dr., Suite G
Hawthorn Woods, IL 60047 USA

SPEAKERS BUREAU APPLICATION
PLEASE CLEARLY PRINT ALL INFORMATION

Date:

Name:

Address:

City/State/Zip/Province/Country

Phone: (include country code)

Email Address:

Health discipline in which you are or were licensed:

State/Province/Country in which you are or were licensed:

Why do you want to join the Speakers' Bureau?

Please identify your experiences as a public speaker.

Keynote Program Faculty Local program National/International Program

Panel Presenter Panel Facilitator Roundtable only Other_____

Topics for presentation (include bullet/speaking points)

1.

2.

3.

4.

5.

References or contact persons for whom you have presented in the past/date/format:

1.

2.

3.