



Healing Touch Worldwide Conference
August 2 - 5, 2012
Hyatt Regency
123 Losoya
San Antonio, Texas, USA 78205

Conference Presentation Proposal Information and Instructions

Conference Breakout Sessions

Breakout sessions will be held on Friday afternoon, August 2nd, and Saturday afternoon, August 3rd. Conference participants from all three organizations, Healing Touch Program™, Healing Touch for Animals® and Institute of Spiritual Healing and Aromatherapy, may attend any breakout session. Subject matter should be applicable to all participants. Breakout sessions are included in the conference registration. Sessions will be recorded and photographs will be taken. PowerPoint presentations must be submitted in advance and will be included with the conference recordings. Handouts must be submitted in advance and may be included in the conference program or during the breakout at the discretion of the conference planning committee.

Breakout sessions will be 90 minutes length to include time for questions and answers. Ten openings are available for breakout sessions.

Compensation for breakout sessions is a \$100 discount off conference.

Post Conference Sessions

Post conference sessions will be held on Monday, August 6th. Conference participants from all three organizations may attend any breakout session. Subject matter should be applicable to all participants. A separate participant registration fee will apply. These sessions will be educational in nature. Half day and full day sessions are acceptable. Photographs may be taken during the post conference sessions, but sessions will not be recorded. Compensation to post conference speakers is 75% of session income after expenses.

Questions

Email Conference@HealingTouchProgram.com with questions about proposal submissions.

1. General Information

- a. The 2012 conference will include Healing Touch Program™, Healing Touch for Animals®, and Institute of Spiritual Ministry and Aromatherapy.
- b. **The closing date for proposals is November 12th.** Proposals submitted after November 12, 2011 will not be accepted.

2. Proposal Instructions

- a. Only the Primary Presenters should complete the proposal form.
- b. Only submissions on the Presenter Proposal Form will be considered.
- c. Correspondence shall be between the Primary Presenter and the Healing Touch Program™ Conference Team.
- d. Fill in the application (Word Document)
 - i. After completing and saving a copy of this form for your records on your computer, email it as an attachment to Conference@HealingTouchProgram.com.
- e. All proposals will be reviewed for relevant subject matter and will receive correspondence via email when the proposal is received and when it is accepted or rejected.
- f. **Notice of acceptance will be made on or before December 16, 2011.**

3. Accepted Proposals

1. Presenters of accepted proposals shall:
 - i. Have sufficient mastery of the subject to answer questions during a Q&A session.
 - ii. **Submit a copy of the presentation, this includes PowerPoint presentations, no later than May 23, 2012.**
 - iii. **Submit presentation handouts, manuals and/or any materials deemed necessary to provide to presentation attendees by May 23, 2012.**
 - iv. **Send audio visual and other presentation needs by May 23, 2012.**
2. Agree to have the presentation abstract published in printed or electronic form in the conference program, on the conference website, in other conference materials or used for general marketing purposes as deemed appropriate by Healing Touch Program™.
3. Agree to have PowerPoint or slides included with conference recordings and/or posted to a webpage.
4. Agree to have handouts included in the conference program or used in the class as deemed appropriate by the conference committee
5. All accepted presenters and co-presenters shall:
 - i. Be responsible for associated costs including, but not limited to: travel, accommodations, and conference registration unless otherwise arranged in advance with Healing Touch Program™.
 - ii. Provide a written alternative plan and/or substitute presenter in the event of an emergency.



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PRESENTER PROPOSAL FORM

Primary Presenter

First Name: _____ Last Name: _____

Credentials: _____

Position / Title: _____

Mailing Address: _____

City: _____ State/PV: _____ Zip/PC: _____

Work Telephone: _____ Home Telephone: _____

Fax Number: _____ Email: _____

Co-Presenter(s) Names & Credentials:

- 1.
- 2.

Select the box that best describes your level of public speaking experience.

Inexperienced
 Moderately Experienced
 Very Experienced

Have you previously presented or published this content? Yes No

If yes, please provide following information (*Note: fields expand as you type or paste your information*):

Location of Presentation and/or Publication Information	Date

Co-Presenter

First Name: _____ Last Name: _____

Credentials: _____

Position Title: _____

Mailing Address:

City: _____ State/PV: _____ Zip/PC: _____

Work Telephone: _____ Home Telephone: _____

Fax Number: _____ Email: _____

Select the box that best describes your level of public speaking experience.

Inexperienced Moderately Experienced Very Experienced

Have you previously presented or published this content? Yes No

If yes, please provide following information (*Note: fields expand as you type or paste your information*):

Location of Presentation and/or Publication Information	Date

PRESENTATION INFORMATION

Presentation Title:

Breakout Session Post Conference Session

Post Conference Presentation Information:

Length Presentation: Half Day (4 hours) Full Day (8 hours)

Preferred Session Time (*applicable for half day session only*): morning afternoon

Suggested Participant Registration Fee:

Proposed Presentation is designed for participants from the following organizations:

HTP HTA ISHA All

Description:

Please include a brief description of your presentation and how it will be applicable to the students, practitioners and instructors of Healing Touch Program™, Healing Touch for Animals® and Institute of Spiritual Healing and Aromatherapy. This may be a separate attachment in a word document. *Note: this is expected to be longer in length and more descriptive than that the following request for the Presentation Description for the brochure.*

Purpose (Complete the statement below):

The purpose of this presentation is...

Learning Objectives:

Learning objectives will be used in the presentation evaluation. Learning objectives should start with an action verb must be measurable. (3 objectives are necessary but Additional objectives are acceptable) After attending your presentation attendees will be able to:

- 1.
- 2.
- 3.
- 4.
- 5.

Presentation content and time frames: (As content relates to and supports each of the above stated learning objectives. State the amount of time to be spent on that section of content)

- 1.
- 2.
- 3.

4.

5.

Principle Teaching/Learning Strategies and Materials: (Lecture, discussion, experiential, interactive, handouts and AV resources as they apply to the objectives/content. Additional methods are acceptable)

1.

2.

3.

In the event the conference committee feels your presentation would be better suited for a different presentation type or length of time would you be willing to present at the HTP Annual Conference?

Yes No

If you answered "Yes" to the above, which types of presentation change are you willing to do? Check all that apply:

Longer time Shorter time

Presentation Description (*max 75 words – for marketing purposes*):

**Presenter Biography - include biography for all co-presenters
(*max 125 words - note if biography is longer we reserve the right to edit at our discretion*):**