

Annual International Healing Touch Conference
“Speaking as One Heart”
Celebrating our 20th Anniversary
July 31 – August 2, 2009
Crowne Plaza Hotel, Denver, Colorado

Conference Presentation Proposal Form

Information

- Deadline for proposals is **December 1, 2008**. Proposals submitted after that date will not be accepted.
- The 2009 conference will be shared by Healing Touch Program, Healing Touch for Animals, and Institute of Spiritual Ministry and Aromatherapy.

Instructions

- The **primary** presenter of the proposal must complete the attached form.
 - We will correspond **with the primary presenter**.
 - Only submissions on this form will be considered.
- **Grey text boxes will expand** as you type or paste text into them.
- **To check boxes**, double click on the one you select. A formatting box will appear where you can chose ‘checked’ or ‘not checked’ for the check-box.
- After you have completed and saved a copy of this form for your records, email it as an attachment to Conference@HealingTouchProgram.com. You will receive an email confirmation of receipt of your proposal.

Expectations

- If your proposal is accepted:
 - You must have sufficient mastery of the subject to answer questions during a Q&A session.
 - You will be asked to submit an electronic copy (if appropriate) of your presentation **by May 1, 2009**.
 - You will be asked to submit any handouts for your presentation **by May 1, 2009**. Deadline firm.
 - You will agree to have the abstract published in conference documentation, printed and/or electronic.
- All presenters and co-presenters:
 - Must submit Proposal
 - Make plans and assume costs related to travel, accommodations, and registration unless otherwise arranged in advance with HTP.

Presenters may be substituted in an emergency.

Questions: Contact Conference@HealingTouchProgram.com for questions about proposal submissions.

Notification: Notice of acceptance will be made on or before January 1, 2009.

Conference Break Out Sessions: Will be 1 and ½ hours in length including questions and answers. There are approximately 8 slots available for breakout sessions. Breakout sessions will be Saturday afternoon on August 1st. Conference participants from all three organizations may attend breakouts. Subject matter should be applicable to all participants. Breakout sessions are included in the conference registration.

Post Conference: Post conference sessions will be held on Monday, August 3rd and/or Tuesday, August 4th. These sessions will be educational in nature and a registration fee will be charged to the participant. Three hour, half day, one day and two day sessions are all acceptable.

Conference Presentation

PRESENTER INFORMATION

Primary Presenter

First Name: _____ Last Name: _____

Credentials: _____

Position Title: _____

Home Address: _____

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

Work Telephone: _____ Home Telephone: _____

Fax Number: _____ Email: _____

Co-Presenters

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: the fields expand as you type or paste your information*):

Location of Presentation and/or Publication Information

Date

Location of Presentation and/or Publication Information	Date

Conference Presentation

Co-Presenter

First Name: _____ Last Name: _____

Credentials: _____

Position Title: _____

Home 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: the fields expand as you type or paste your information*):

Location of Presentation and/or Publication Information	Date

**Conference Presentation
PRESENTATION INFORMATION**

Title of Presentation: _____

Breakout Session: Yes No Breakout sessions will be 1 ½ hour

Post Conference Session: Yes No

Length of post conference presentation: 3 hours 4 hours 1 day 2 day

Post Conference day and time you prefer: _____

Recommended Participant Registration Fee: _____

The proposed post conference presentation is designed for participants from the following organizations:

HTP HTA ISHA All

Description: (Please include a brief description of what you will include in your presentation and how it will be applicable to Healing Touch students, practitioners and instructors (inclusive 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 the following request for a description for the brochure.*)

Purpose: (Complete the statement below):

The purpose of this presentation is...

Objectives: (may add additional objectives) After attending your presentation attendees will be able to:

- 1.
- 2.
- 3.

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

- 1.
- 2.
- 3.

Principle Teaching/Learning Strategies and Materials (lecture, discussion, experiential, interactive, handouts, AV, resources as they apply to objectives/content) - may add additional methods

- 1.
- 2.
- 3.

If the conference committee feels your presentation would be better suited for a different presentation type or length of time would you still be willing to present at the HTP Annual Conference? Yes No

If Yes to above, which types of presentation changes are you willing to do? Check all that apply:

Conference Presentation

Longer time shorter time

Description of presentation (*max 75 words – for brochure*):

Bio of the primary presenter: (*max 125 words*):