



Alliance of Divine Love, Inc.
Conference Presenter Application:

Date of Conference: _____ Location: _____

Name: _____ Email: _____

Phone: _____ Cell: _____

Fax: _____ Work #: _____

Address: _____

City: _____ ST: _____ Zip+4 _____

Presentations are requested to be experiential sessions for the attendees rather than lectures or speeches.

Presentation Title: _____

I would like: _____ 25 minutes _____ 40 minutes _____ Other (list minutes)

Describe your presentation and what you hope to accomplish with the audience:

List the outcomes the audience will receive from your experiential presentation:

ADL Conference Presenter Application Continued

List your experiences/training/qualifications for presenting this session:

Can you offer CEU's for this presentation? _____ Yes _____ No

If yes, what is the professional scope of your CEU credit underwriting.

If your presentation is accepted, what would you like to have said about you in an introduction to your presentation?

Please send this Presenter Application to:
The conference chairperson.

For Additional Information See the Website www.allianceofdivinelove.org

OR

Email: info@allianceofdivinelove.org

Note: Applications will be considered when received. Application consideration may be cut off 90 days prior to conference date. All applications received will be held on file and re-considered if ADL requires new presenters and/or program changes are necessary.

Speakers can bring Flyers for the ADL table, but are not allowed to give sale pitches.