



***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 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:

Alliance of Divine Love, Inc., 8744 Oldham Way, West Palm Beach, FL 33412-1111.

For Additional Information See the Website [www.allianceofdivinelove.org](http://www.allianceofdivinelove.org)

OR

Email: [Info@allianceofdivinelove.org](mailto: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.*