



CPTN Conference Presenter Application

Thank you for your interest in presenting at a CPTN conference. We invite you to submit a presenter application by September 30th for consideration to present at the CPTN Conference to be held in the summer of the following year. Applications received after the conference submission deadline will be filed for consideration for future conferences. Please ensure all information requested is completed on the application.

APPLICATION REQUIREMENTS:

- 1) Submit completed Presenter Application – all fields must be completed. Incomplete applications will not be considered for a conference.
- 2) Include a COPY of your CV or Resume with your Presenter Application.
- 3) **First time applicants/presenters** – submit a video (DVD) of you teaching one session submitted for consideration or upload the digital video file to YouTube to a private area for review. Please label DVDs with your name, email address, phone number and title of presentation. All DVDs should be mailed to:
 CPTN
 1113 - 2699 Battleford Road
 Mississauga, ON L5N 3R9
 Canada
- 4) Send completed presenter application by email to education@cptn.com

Successful applicants will be notified via email at least 3-5 months prior to the conference date. Agreement to present will be confirmed upon receipt of signed conference contract.

Please enter requested information in the BLUE section of the form above the label.

PERSONAL DATA			
NAME		EMAIL ADDRESS	
SUITE/APARTMENT		STREET ADDRESS	
CITY	PROVINCE / STATE	POSTAL/ZIP CODE	COUNTRY
PHONE		FAX	
EDUCATION CREDENTIALS		FITNESS RELATED CERTIFICATIONS	
Biographical information for conference catalogue (30-70 words)			



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PRESENTER NAME	EMAIL ADDRESS

SESSION 1

			<input type="checkbox"/> Yes <input type="checkbox"/> No
SESSION TITLE	Session Length 1.0 hr 1.15 hr 1.5 hr 8 hr precon	Lecture (L) Workout (WO) Workshop (WS) Precon (PC) - 4 or more hours in duration	Pre-approved for fitness agency CECs?
If course is pre-approved for continuing education credits, please indicate organization(s) name(s), course number(s) and number of CECs recognized.			
DESCRIPTION FOR CATALOG (75 – 100 WORDS)			
Please check an X next to each equipment item that will be required for this session.	<input type="checkbox"/> CD player <input type="checkbox"/> LCD projector <input type="checkbox"/> Flipchart <input type="checkbox"/> Dry erase board <input type="checkbox"/> Yoga mats <input type="checkbox"/> OTHER (DESCRIBE)	Please indicate the number of exercise equipment items required: <input type="text"/> one of each (for demo purposes only) <input type="text"/> one for each participant <input type="text"/> one for every two participants <input type="text"/> Other:	