



ISLAND FITNESS CONFERENCE - PRESENTER APPLICATION

Name:

Work phone:

Home phone:

Cell phone:

Address:

City:

Province:

Postal code:

Date:

Email:

Website:

PRESENTER BIOGRAPHY: (50-75 words) *Please Include a Head shot of yourself in a JPEG format.*

SESSION TITLE:

Session Description: (50-100 words)

SESSION DETAILS:

Type of education: (please check all that apply)

Personal Training

Group Fitness

Nutrition & Wellness

Pre & Post Natal

Older Adult

Business

Yoga/Pilates/Mind-body

Other

Lecture

Active

Duration 90 minutes

Audio visual requirements: *(please list)*

Session equipment needed/person: *(i.e. 1 step per person)*

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RETURN COMPLETED FORM TO:

jkurylo@crd.bc.ca