



Continuing Education Seminars
for Wellness Therapists

Speaker Pool Application

Please print, fill out and mail to:

CESWT
656 Springbrook Drive
Grand Junction, CO 81504

Presenter Information

Date: _____

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email address: _____ Wellness Category: _____

Please attach your resume or professional vitae. Be sure to include the following sections:

Education • Certification • Teaching Experience • Professional Affiliation(s)
Awards & Honors • Publications

Additional Information:

- Description of workshop session to be provided; materials provided; and presentation requirements (i.e. overhead, TV VCR, whiteboard, easel, digital display)
- Biographical Statement - no more than 50 words.
- Current Photo - to be used for promotional materials.
- References List - two (2) professional references.

Upon completion and acceptance of this application, your name will be added to the CESWT Speaker Pool. Call for presenters will be posted four months prior to Seminar at our website.

I hereby attest that the information is accurate to my knowledge.

Presenter Signature: _____ Date: _____