

PRESENTER APPLICATION

FITNESSFEST CONFERENCE & EXPO

Last Name	First Name	Middle Initial	Social Security Number:
Street Address	City/State	Zip Code	Phone Number:
Email Address:			Alternate Phone Number:
Website:			
Degree (if applicable):		Certifications:	
Presenter Bio:			
- Workshop Submission for FitnessFest Conference & Expo -			
Workshop Title: Workshop Format: Time Required: Target Audience/Fitness Level: CEC Approval Numbers (if applicable): Equipment Needed:	Workshop Description:		

CAREFULLY READ THE COMPLETE STATEMENT BEFORE SIGNING

I certify that all of the information provided in this application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I have read, understand, and agree to the above statement.

Signature:

Date: