



8th Annual Native American Training Institute
Professional Education Program for Behavioral Health Professionals

Enhancing Skills through Native Traditions to Embrace Healthier Communities

June 18-22, 2018 Education Program | June 16 Youth Track | June 16-17 Veterans Track | June 21 Pow-Wow

SPEAKER APPLICATION

Submit ONE application for each session | Email to Glenda Toledo at glenda@chamisa-springs.com or Fax (855) 833-8606

Speaker Information (Limit two per session)

	Primary Presenter	Co-Presenter
Name	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Mailing Address	<input type="text"/>	<input type="text"/>
City, ST, Zip	<input type="text"/>	<input type="text"/>

Session Information

Session Title	<input type="text"/>
Description	<input type="text"/>
Set-Up (choose one)	<input type="checkbox"/> Classroom Style <input type="checkbox"/> Theater Style (no tables) <input type="checkbox"/> Circle of Chairs <input type="checkbox"/> Other:
Audio Visual	<input type="checkbox"/> Podium and Microphone ... complimentary <input type="checkbox"/> Screen and LCD Projector ... complimentary, please bring your own laptop <input type="checkbox"/> Flip Chart and Markers ... complimentary <input type="checkbox"/> DVD Player ... available on order and will be expense of speaker <input type="checkbox"/> Wireless Microphone (lavaliere or hand-held) ... available on order and will be expense of speaker

Certification

I, the above applicant(s), understand that the session provided will be in accordance to the description submitted, classrooms are non-commercial forums and will not sell any product/service during that time. Information submitted, including description and bios may be edited by NATI for the program guide. I understand that participating as a non-compensated speaker and I will be responsible for all travel related expenses, including registration fees, and will not be reimbursed by NATI. I understand that copier will not be available, therefore will bring my own printed hand-outs. I give permission and ownership to NATI to use, duplicate, reproduce and distribute any photographs, video, audio or other recording that are made during the course of the event.

Speaker Signature: _____ Date: _____