



SHARE YOUR KNOWLEDGE!

Proposal Form

Clinic/Presentation Submission Information

Person submitting this abstract

Host/Organizer: _____

Expenses/Details to consider: Port-a-potty ~ Food ~ Parking ~ Cancellation Criteria ~ Medical Emergency Sheet/First Aid Kit

Names and contact information of persons responsible for hosting and organizing this event.

Volunteers/Support Staff

Name _____

Name _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Name _____

Name _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Additional comments: _____

Presenter/Clinician Contact Information

First Name _____ Last Name _____

Company Name _____

Address: _____ Apt/Suite/PO: _____

City _____ Zip _____

Web site _____

E-mail _____

Provide a brief description of what will be presented _____

Presentation Date _____ Alternate Presentation Date _____

Presentation Cost _____ Associated

Costs _____

Participant Fee \$ _____

Auditor Fee \$ _____

Presentation Length _____

What audio-visual or arena equipment would you most likely need for your presentation?

Equipment/Props

- | | |
|-----------|-------------|
| None | Arena setup |
| Obstacles | Fencing |
| Jumps | Other |
| Rails | |

Setup

Host/Planner will provide the following equipment.

Presenter will provide the following equipment.

Additional Equipment or Setup Requirements

Please describe any additional equipment or setup requirement needs/costs.
