



APTA Presenter Submission Form
Renaissance for Polarity, June 20-23, 2019

Please complete the following form and send by **December 1, 2018**

Please send applications to:

Office Manager-Shelley Drasal-aptaoffices@polaritytherapy.org

Name: _____

Address: _____

Website and Social Media Links: _____

Telephone (day): _____

Email: _____

Qualifications and Designations: _____

Biographical Outline:

1. Title of Presentation: _____

2. Short Description: _____

3. How does your topic relate to Renaissance for Polarity?

4. Have you presented on this topic before? Links to articles: _____

5. Published Books and Articles: _____

6. Learning Objectives: _____

7. Format of Presentation and supplies needed (Discussion, interactive, Massage Tables, etc) _____

8. Length of Presentation: (Select One) _____ 30 MIN _____ 1.5 Hours, _____ 3 Hours

9. Audio Visual Needs: _____

10. Target Audience: _____ Beginner _____ Intermediate _____ Advanced

11. Number of Participants: _____

12. Describe your experience with Polarity Therapy and APTA? _____

13. How will you promote this event? _____