

BP/USA WORKSHOP PRESENTER'S APPLICATION
Note: Submit a Separate Application for Each Workshop You Are Proposing

January 10, 2012

Name: _____ Email: _____
Address: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____

*Please fill in all categories that apply to you, not just the one you would speak about.
If more than one child, please attach a page with the relevant information requested below.*

If you are a Bereaved Parent

Child's Name (first and last): _____
Date of Birth _____ Date of Death _____ Cause of Death _____

If you are a Bereaved Grandparent

Grandchild's Name (first and last): _____
Date of Birth _____ Date of Death _____ Cause of Death _____

If you are a Bereaved Sibling

Brother's or Sister's Name (first and last): _____
Date of Birth _____ Date of Death _____ Cause of Death _____

The gathering committee will notify you as soon as possible whether your proposed workshop has been accepted. However, the actual day and time that your workshop is scheduled may not be final until shortly before the gathering. If you have a need for your workshop to be scheduled on a certain day or time, please let us know and we will attempt to accommodate your request.

Note that we may need to edit the information you provide in order to accommodate the constraints of the Program Book.

BOOK SALES: All book sales must be done through the Gathering Bookstore, managed by The Centering Corporation. If you are the author of a book for sale, you may contact Janet at The Centering Corporation to inquire about having your book made available in the gathering bookstore. 866-218-0101 or janet@centeringcorp.com.

PLEASE NOTE: At past gatherings, attendees have noted on evaluation forms that repeated reference to an author's book during a workshop is a definite "turn off." We request that if you have a book that you mention it at the beginning of the workshop, tell the attendees that it is available at the gathering book store, and not keep referring back to it.

Mail your application to the address below.

Applications may also be completed online on our national website www.bereavedparentsusa.org/G_WkspOnlineForm.html

SCHEDULING

The gathering committee will try to accommodate all session requests, but we may need to modify the schedule due to cancellations and other changes.

Do you plan to attend the gathering for the entire weekend or for just your specific workshop?

The entire weekend _____ Just for my workshop _____ Not sure _____

I will be available to present my workshop and/or repeat my workshop at any of the following sessions

Friday A.M. _____ P.M. _____ Saturday A.M. _____ P.M. _____

Are you willing to repeat workshop? Yes _____ No _____

Would you be willing to facilitate a sharing session on Friday Night _____ or Saturday Night _____

Mail your completed application to:

Linda Delk
937 Burlwood Street
Brandon, FL 33511

Application can also be made
online at:

www.bereavedparentsusa.org

For questions regarding the
application process contact

Linda Delk
813-661-0680
littlelindared68@yahoo.com

