



# BPUSA GATHERING CONFERENCE WORKSHOP PRESENTER APPLICATION

Deadline to submit application is March 1, 2022

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

(Please fill in all categories that apply to you, not just the one you would speak about)

I am a...  Bereaved Parent  Bereaved Sibling  Bereaved Grandparent  Professional  Other

If applicable, please provide information for up to two children/siblings/grandchildren.  
If there are more, please attach an additional document.

First and last name of child/sibling/grandchild: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Cause of Death \_\_\_\_\_

First and last name of child/sibling/grandchild: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Cause of Death \_\_\_\_\_

#### IMPORTANT NOTES:

- **Workshop presenters must register for the Gathering Conference.**  
<https://www.bereavedparentsusa.org/annual-conference/annual-gathering-conference/>
- **Bereaved Parents of the USA does not provide speaker fees or compensation for workshop presenters.**
- Workshop presenters will be notified of acceptance by April 1, 2022.
- We will try to accommodate all session requests. If you need your presentation to be scheduled on a certain day or time, please provide details of the circumstances and we will do our best to accommodate your request.
- The availability of A/V equipment will be limited.
- If you are the author of a book for sale, please contact Barbara Dietrich, our Gathering Coordinator, at 813-340-9120 to discuss having your book available at the Gathering.
- We ask that you don't make repeated references to your book or read from it during your workshop. Past attendee evaluations have indicated a negative reaction when authors refer repeatedly to their books in the workshop setting. If you wish, however, you may mention it briefly and let the group know if it is available at the Gathering.

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

**Friday**  A.M.  P.M.    **Saturday**  A.M.  P.M.     I am willing to repeat my workshop

Are you willing to facilitate a Sharing Session?     Friday Night     Saturday Night

**“Reflecting and Connecting”  
July 22-24, 2022**

**Le Méridien St Louis Clayton Plaza Hotel  
7730 Bonhomme Ave.  
St. Louis, MO 63105**

**Email this application to:**

**[bpusaworkshops@GMAIL.COM](mailto:bpusaworkshops@GMAIL.COM)  
(preferred)**

or

Print and mail application to:  
Bob Burash  
7704 Buckingham Nursery Ct  
Severn. MD 21144

### Your Bio

In a **short paragraph of 60-120 words**, please introduce yourself by giving information about your grief experience and credentials. You may include your website, if applicable. Please be aware that we may need to edit the information you provide in the interest of brevity or clarity. **We will use this paragraph in the Gathering Program.**

Each workshop presentation will be 50 minutes in length including Q & A. Attendees appreciate handouts. Plan for a minimum of 30 handouts per workshop.

**Preferred title of workshop:**

**Workshop topic:**

**Basic structure of workshop with specifics:** This will give us an idea of what your workshop is about and the information you will be presenting to the attendees. Include as many details as you can in this section and use additional space as needed. Past attendees have asked for more specific information on certain workshop topics. Please indicate here if your workshop will contain references to ADC's (After Death Communications) or Religion.

**Please provide a brief description of your workshop (50-100 words).** Please be aware that we may need to edit the information you provide in the interest of brevity or clarity. **We will use this paragraph in the Gathering Program.**

**Let us know of any special requests for room set up, e.g., Classroom, Theater, Circle**

**Important A/V note: BPUSA will do our best to accommodate your request, but we can't guarantee A/V access for every room. Please indicate your preference below:**

I will use a projector    I won't be using a projector    I'm flexible and will use a projector only if one is available

**Other Request(s) or Comments:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_