

**LOCATION: Kent Commons, 525 Fourth Avenue N., Kent, WA**

## **SPEAKER INFORMATION SHEET**

**What is an Expo Speaker?** Exhibitors, Vendors, Healers, Readers and Researchers. Anyone can apply to be a speaker. Speaker applicants will be approved by the BEPC Board Members.

**Dates and Time of Expo:** June 23, 2018. Speaker forums open to the public at 10:00 am and close at 5:00 pm. The Forums are divided into 50-minute segments. 10:00 am, 11:00 am, 12:00 Noon, 1:00 pm, 2:00pm, 3:00 pm, 4:00 pm for a total of seven available slots.

**Registration:** The enclosed Application form (with Recording, Release & Indemnity Agreement) must be read, completed, signed and mailed to the BEPC address shown on the Application form, along with your registration fee. All applications are subject to approval by BEPC.

**Fee:** You are not charged or paid for your speaking engagement!

The area is well lighted. Bring your own material for your lecture. Space is provided during your lecture for your sale material.

**SAFETY:** To ensure a safe (fire regulations) and healthy (allergies, etc.) Expo for everyone, burning of incense, candles, or other related items, is prohibited. *No Exceptions, we appreciate your full cooperation.*

**Recording:** We reserve the right to make a recording of your lecture. Recordings will not be sold. The recording is for the BEPC members. You must sign the attached release form in order to speak.

**Cancellations:** Cancellations can be sent via e-mail or by calling the Conscious Wellness Expo Chairperson and must be received by BEPC at least 3 days prior to the Expo.

**Contact Information:** Laureli Shimayo, BEPC Expo Speaker Coordinator - Ph. 720-352-2434  
Email: [Laureli@Thrive-wise.com](mailto:Laureli@Thrive-wise.com)

**BEPC website:** <http://www.bepcweb.org>



## SPEAKER APPLICATION

We are pleased to invite you to participate in the BEPC Conscious Wellness Expo as speaker, to be held Saturday, June 23, 2018 at the Kent Commons, 525 Fourth Avenue N., Kent, WA.

**To register:**

- ◆ Complete this Application form and sign the Recording, Release and Indemnity Agreement
- ◆ Mail to: BEPC, PO Box 60224, Renton, WA 98058 or
- ◆ Email to: [bepcexpo@gmail.com](mailto:bepcexpo@gmail.com) [Laureli@Thrive-wise.com](mailto:Laureli@Thrive-wise.com)
- ◆ Attach your company and/or personal bio and photo (REQUIRED)  
**(Please print legibly)**

**Business Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Please provide your website here:** \_\_\_\_\_

**Topic of Lecture** (please be specific add additional page if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate desired time slots (10, 11, 12, 1, 2, 3, 4):** \_\_\_\_\_

**Please note any special needs:** \_\_\_\_\_

### RELEASE & INDEMNITY AGREEMENT

I state that I wish to participate in the BEPC Conscious Wellness Expo, June 23, 2018, offered by BEPC. In consideration for the right to participate in this BEPC event, I HEREBY RELEASE BEPC AND ITS INSTRUCTORS AND MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, AND CAUSES OF ACTION ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE CONSCIOUS WELLNESS EXPO. I PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH THIS EVENT AND FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS BEPC AND ITS MEMBERS AND OFFICERS FROM ALL LIABILITY, CLAIMS AND CAUSES OF ACTION WHICH I MAY HAVE ARISING FROM MY PARTICIPATION IN THIS EVENT.

The terms of this agreement will serve as a release and indemnity agreement for my heirs, personal representative, and for all members of my family, including any minors. I further state that I am eighteen (18) years of age or older and legally competent to sign this release that I understand these terms are contractual and not a mere recital, and that I have signed this document as my own free act.

I HAVE FULLY INFORMED MYSELF AN UNDERSTAND THE CONTENTS OF THIS RECORDING, RELEASE AND INDEMNITY BY READING IT BEFORE I SIGNED IT. I AGREE TO BE RECORDED DURING MY LECTURE. I AM RESPONSIBLE FOR THE CONTENTS OF THIS APPLICATION.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**\*ALL SPEAKERS MUST SIGN A RELEASE FORM\***