**Expression of Interest**

**Application Form**

Thank you for your expressing interest in presenting at the International Association Creative Arts in Education and therapy International Webinars. This application is subject to approval from the committee therefore please take the time to fill in as many details as possible. There are 4 types of webinars as indicated in the webinar guide for presenters**.** All events are open to the public for a minimal fee and are free to registered IACAET Members.

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| **General information** | **Details** | | | | |
| Date of proposed webinar |  | | | | |
| Time: Eastern Standard Time/NYC)  Time: Your time zone and city |  | | | | |
| Webinar Curator: person who coordinates with all materials and presenters |  | | | | |
| High-resolution image- usually need this for curators, chair, all presenters | Please send an image in jpeg or png format | | | | |
| Webinar Title |  | | | | |
| Topic |  | | | | |
| My webinar will include: (Please check) | Arts-based / experiential | Breakout rooms | | Powerpoint | Menti meter |
| The Webinar Format (Please check)  *(Please refer to webinar guide for further information)* | Global webinar (more than 5 presenters) | Webinar (1-2 presenters) | | Workshops and/or Trainings | Events |
| Language | 1. | | 2. | | |
| **Webinar description** | | | | | |
| * Long (up to 400 words, excluding presenter's bio) | | | | | |

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| **Webinar description** |
| * Short (up to 100 words, for website mini section) |
| * Webinar Attendees learning outcomes (3 minimum) |

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| Presenters information and short bio (150 words) (include a website at end of each presentation if you like) | |
| **Presenter 1** |  |
| Name |  |
| Email |  |
| Contact number |  |
| Short Bio |  |
| **Presenter 2** |  |
| Name |  |
| Email |  |
| Contact number |  |
| Short Bio |  |
| Presenters information and short bio (150 words) (include a website at end of each presentation if you like) | |
| **Presenter 3** |  |
| Name |  |
| Email |  |
| Contact number |  |
| Short Bio |  |
| **Presenter 4** |  |
| Name |  |
| Email |  |
| Contact number |  |
| Short Bio |  |
| **Presenter 5** |  |
| Name |  |
| Email |  |
| Contact number |  |
| Short Bio |  |

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| 1. Are you comfortable using zoom or teams? | Zoom  Teams  Both |
| 1. Will you need an IACAET events chair? | Yes  No |
| 1. Will you need assistance keeping track of time? | Yes  No |
| 1. Do you need any additional support? | Yes  No |

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| Presentation proposed structure | |
| **Time (Eastern Standard Time/ NYC) and your time** | **CONTENT** |
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All sessions are recorded for our archive and educational use in the future. Your participation in this event indicates your acceptance to have this event recorded and used for archival and educational purposes.

I,       give my consent to IACAET to record, edit (when needed), and use the webinar/recording for educational purposes.

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| Signature |  | Date |