

**EMAIL OR MAIL TO ARTE SANA BY NOV. 1, 2013**

As the nation's first bilingual sexual assault conference, Arte Sana's **Nuestras Voces National Bilingual Sexual Assault Conference** has been an independent (non-grant funded) endeavor since 2005. Consequently, we cannot provide presenter compensation or reimbursement for travel or lodging. Presenters are offered free admission to the conference on the day of their presentation or two-day conference admission at a **single reduced rate payment of \$75** to help cover catering and printing expenses. (Regular registration = \$250)

**Nuestras Voces Presenter Agreement**

(Must be signed and emailed or mailed in.)

I understand that my registration form and fee are due upon notification of acceptance of my workshop(s). I further understand that my workshop will not be formally accepted nor listed on the Arte Sana conference web page until I:

- ✓ Complete any possible necessary edits to my proposal text (per online form limits)
- ✓ Register for the conference
- ✓ Send the corresponding presenter payment

*Please make checks payable to **Arte Sana** and mail to the address listed at the bottom of form.*

I also understand that my slot will be opened up if I do not abide by the above requirements by December 31, 2013.

I will assure that the material submitted is my original work, and I have permission of the author of any copyrighted material to reproduce their material for use in my presentation and for handout purposes.

I understand the LCD projector rental cost limitations and will make arrangements to provide my own or adjust my presentation accordingly.

I will provide Arte Sana with email copies of my session handouts and presentation slides no later than April 1, 2014.

I hereby certify that if this proposal is accepted and placed on the program, I agree to appear and deliver it (or arrange for its delivery). I also understand that the cancellation of my session(s) without just, medical or emergency cause will result in the loss of the presenter fee.

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

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

Workshop Title: \_\_\_\_\_

Check one:  Primary presenter       Second presenter       Third presenter

Arte Sana mailing address:  
**PO Box 1334**  
**Dripping Springs, TX 78620**  
Arte Sana email: **artesanando@yahoo.com**