



# ONTARIO HORTICULTURAL ASSOCIATION SPEAKER REGISTRATION REQUEST FORM

To add your name to our Speaker's List on [gardenontario.org](http://gardenontario.org) please fill in the following form and email to:

Rose Odell at [speakers@gardenontario.org](mailto:speakers@gardenontario.org)

**Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

## Biography:

Please provide a brief description of your qualifications, skills and/or experience

## Contact Information:

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Facebook:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Please list the District & Society you belong to:

**Society:** \_\_\_\_\_

**District:** \_\_\_\_\_

## Districts Served

Please select all the Districts that you would travel to:

- |                              |                              |                              |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| D1 <input type="checkbox"/>  | D2 <input type="checkbox"/>  | D3 <input type="checkbox"/>  | D4 <input type="checkbox"/>  | D5 <input type="checkbox"/>  | D6 <input type="checkbox"/>  | D7 <input type="checkbox"/>  |
| D8 <input type="checkbox"/>  | D9 <input type="checkbox"/>  | D10 <input type="checkbox"/> | D11 <input type="checkbox"/> | D12 <input type="checkbox"/> | D13 <input type="checkbox"/> | D14 <input type="checkbox"/> |
| D15 <input type="checkbox"/> | D16 <input type="checkbox"/> | D17 <input type="checkbox"/> | D18 <input type="checkbox"/> | D19 <input type="checkbox"/> |                              |                              |

## Topic List

For each entry, please list a topic from the list below, a title and a brief description noting any costs, restrictions, i.e. time of year, and any other special requirements.

**Choose a TOPIC from the following:**

Bulbs/Tuber  
Environment  
Floral Design  
Fungi

Gardening  
Herbs  
Houseplants  
Native Plants

Pollinators  
Propagating  
Pruning  
Vegetables

Topic	Title	Description

## Files to add to listing:

Please send any pdf documents to market your topics/workshops including the audio/visual requirements form so our societies know what equipment/services are required.

## Authorization & Release

I, \_\_\_\_\_, grant the Ontario Horticultural Association:

- Use of my photographic images and/or video and/or testimonials in various forms of media, including printed or multi-media materials, to be used by or for the Ontario Horticultural Association to assist in publicity, promotion, marketing and/or educational purposes.
- Use of my identity or likeness in photographic images and/or video and/or testimonials as described above.
- The permission to identify me by name and/or society/organization and such identifiers as hometown (if applicable).

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

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