

## AAMFT-CALIFORNIA DIVISION Presenter Application

1. Name of Presenter(s)
2. Contact Information
3. Degree
4. Type of License
5. Title of the Presentation
6. Short Description of Presentation to be used for marketing purposes if selected.
7. List Three Learning Objectives
8. Presenter Bio(s)
9. Would you be interested in presenting at AAMFT-CA networking districts throughout California?
10. How did you hear about the AAMFT Networking Districts?
11. Are you an member of AAMFT ?
12. Additional information that you would like to add:

**NOTE:** Please respond to each question above. You may indicate N/A for questions that are not applicable to you. Completed applications may be emailed to: [olivialoewy@aamftca.org](mailto:olivialoewy@aamftca.org) or mailed:  
**AAMFT-CA Division, P.O. Box 6907, Santa Barbara, CA. 93160**  
If you have questions, please feel free to contact Olivia Loewy, AAMFT-CA Executive Director, at:  
**(800) 662-2638.**