

The International SleepTalk® Training Academy



Specialist Speakers Application & Details.

(Please print clearly & include country phone codes)

Mrs/Miss: _____ Full Name: _____

Address: _____ Suburb: _____

State: _____ PC/zip: _____ Country: _____ Time Zone: _____

Mobile: _____ Email: _____

Summary of my current speaking experiences and relevant accreditations.

I am a practicing member of an appropriate or relevant professional speakers association. (I have included copies of registration) Yes: ___/No: ___

I understand all workshop and course material and documentation is the intellectual property of the International SleepTalk Training Academy (ISTA) and whilst I am a fully an accredited professional with the organisation, I have been given permission to use it in a professional capacity.

Yes: ___/ No: ___

Signatures of Agreement executed on this day : _____ of _____

Please Print & sign below

Name: _____ Signature: _____

Master of Training, International SleepTalk Training Academy (ISTA)

Kerre Burley

Signature: *Kerre Burley*

Please return this completed form to the ISTA at least seven days prior to the commencement of your course.

