

**CLINICIAN ABSTRACT**  
**Rocky Mountain Horse Expo**  
**March 9<sup>th</sup> –12<sup>th</sup>, 2017**

**Please use a separate Abstract form for each presentation title being submitted.**

Account #: \_\_\_\_\_  
(For Office Use Only)

EXPO Manager: William J. Scebbi  
EXPO location: National Western Complex

**Do Not Mail →**  
**to this address** 4655 Humboldt St.  
Denver, CO 80216

**Mail, E-Mail or Fax Abstract to:**  
22 S. 4<sup>th</sup> Ave., #106, Brighton, CO 80601  
**Or Fax to:** (303) 293-2412  
**Or Scan/E-mail to:** [expo@rockymountainhorseexpo.com](mailto:expo@rockymountainhorseexpo.com) Website:  
[www.rockymountainhorseexpo.com](http://www.rockymountainhorseexpo.com)

<b>Presenter/Clinician Name:</b>
<b>Address:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Phone:</b> <i>(Is this a Home, Mobile or Business number? Circle one.)</i>
<b>Fax:</b>
<b>E-mail:</b>
<b>Website:</b>
<b>A. Title of Presentation:</b> (This may be published in our Program Directory) _____ _____
<b>B. Abstract of Presentation</b> Provide a brief description of what will be presented. <i>Limit 1 page.</i> Submit electronically to <a href="mailto:expo@RockyMountainHorseExpo.com">expo@RockyMountainHorseExpo.com</a>
<b>C. Electronic Photo</b> Please email to <a href="mailto:expo@RockyMountainHorseExpo.com">expo@RockyMountainHorseExpo.com</a>
<b>D. Length of Presentation</b> (Select one): <input type="checkbox"/> 45 minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> Other: _____
<b>E. Presentation Target Audience</b> (Select all that apply): What level of equestrian is targeted with this Presentation? <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<b>F. Presentation Venue Requirements</b> (Select one): <input type="checkbox"/> Large Arena <input type="checkbox"/> Round Pen <input type="checkbox"/> Pen <input type="checkbox"/> Lecture Hall

<b>G. Special Equipment Requirements</b> (Select all that apply): <input type="checkbox"/> None <input type="checkbox"/> I will provide <input type="checkbox"/> Audio <input type="checkbox"/> Visual Please describe the equipment needed/used for this presentation: _____ _____ _____
<b>H. Horse Requirements</b> Does your presentation require the use of a horse(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": <input type="checkbox"/> I will provide the horses. <i>Complete section K on next page.</i> <input type="checkbox"/> I will need assistance in finding appropriate horses. <i>(Please list horse requirements and quantity):</i> _____ _____
<b>I. "Ride with the Experts" Program</b> Does your presentation allow for participation in our "Ride with the Experts" program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how many riders will you allow per session? _____
<b>J. Tradeshow Booth</b> Do you require booth(s) space on the Tradeshow Floor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", <i>complete section K on the next page.</i>  <i>(Abstract continued on next page...)</i>

**K. Tradeshow Booth & Horse Stall Rental Options for CLINICIANS ONLY**

**Tradeshow Booth** (10'x15')..... booth x \$150 ea = \$ \_\_\_\_\_  
*Does NOT incl. insurance, parking, badges or electric. See options below.*

**Bulk Tradeshow Floor Space** . \_\_\_\_\_ sq ft x (Call for rates) = \$ \_\_\_\_\_  
*Note: Minimum of 600 sq. ft. All space requests must include TOTAL SQ. FT. NEEDED for awnings, tanks, trailers, tongues, overhangs, etc.)*

**Insurance for Tradeshow Booth**..... \$65 for entire expo = \$ \_\_\_\_\_  
*Note: This is a required charge, unless a **Certificate of Insurance** is provided.  
 If insurance is needed, please submit an **Insurance Request Form**.*

**Electricity for Tradeshow Booth** ..... booth x \$60 ea = \$ \_\_\_\_\_

**Horse Stall** (1 stall for 3 days) ..... stall x \$50 ea = \$ \_\_\_\_\_

**Horse Stall Package** (2 stalls for 3 days) .. pkg x \$75 ea = \$ \_\_\_\_\_

**Reserved Camping Spot w/Electricity** .....  
 ..... Spots x \_\_\_\_\_ Nights x \$35/night = \$ \_\_\_\_\_

..... **SECTION K SUBTOTAL (ADD THIS SECTION'S AMOUNTS)** \$  **K**

**L. Entry Badge & Parking Pass Options:**

*Note: Each clinician will receive one complimentary 3-Day Entry Badge and 3-Day Parking Pass. If you have employees, staff, helpers, etc., for your presentation, each person must have an entry badge and a parking pass for each day they are on the grounds, whether working in your booth, helping to present your clinic, participating in any event, such as Ride With The Experts, etc.*

**3-Day Entry Badge** (a \$30 value)..... badge x \$25 ea = \$ \_\_\_\_\_

**1-Day Entry Ticket**..... ticket x \$10 ea = \$ \_\_\_\_\_

**3-Day Parking Pass** (a \$30 value) ..... pass x \$25 ea = \$ \_\_\_\_\_

**1-Day Parking Pass**..... pass x \$10 ea = \$ \_\_\_\_\_

..... **SECTION L SUBTOTAL (ADD THIS SECTION'S AMOUNTS)** \$  **L**

..... **TOTAL OF SECTIONS K & L (ADD BOXES K + L)** = \$  **M**

*Total Fees (Box M) are not due at this time; however, the fees are listed to give you an idea of the costs associated with extraneous rentals at the Expo based upon your individual needs for your presentation. Payment will be required upon your selection into the Expo.*

**Thank you for your abstract submission and desire to be a part of our annual Rocky Mountain Horse Expo! You will be contacted if/when your presentation is selected. Upon acceptance and scheduling of this presentation, you will be billed for these selections. Please sign and date this form to indicate you agree with these terms.**

\_\_\_\_\_  
 Clinician's Signature

\_\_\_\_\_  
 Date

**For Office Use Only**

**Abstract Received by Rocky Mountain Horse Expo:**

**Abstract Accepted for Presenting by Bill Scebbi:**

\_\_\_\_\_  
 Bill Scebbi, Signature

\_\_\_\_\_  
 Date

**Notes:**

**Assignments for Presentation:**

Day (or Date)	Time of Day	Venue