



HEALTHFEST

Showing Others Healthy Options

April 17-19, 2026

Rockwall, TX

Hilton Dallas/Rockwall Lakefront, Rockwall, Texas



CALL FOR SPEAKERS

SENPA.ORG

SOHO Healthfest Call For Speakers



HEALTHFEST
Showing Others Healthy Options

Dear SOHO Healthfest Supporter:

SENPA is now looking for quality speakers for SOHO Healthfest, April 17-19, 2026. Attached are the appropriate forms. Speakers may be selected as early as November and there are limited openings available. Submissions need to arrive by September 30, 2025.

OPPORTUNITY FOR SPEAKERS

“**Vendor Functions**” are in meeting rooms allowing a function of your choosing. It is permissible to promote your own product. Payment options attached; fees apply.

This opportunity will be promoted to retailers in the following marketing materials:

Retail Registration Flyer
SOHOhealthfest.net
Retail Email Campaigns
Social Media Campaigns

Official ShowGUIDE
SENPA Speaks Newsletter
Retail Post Card Campaigns
Show Signage

We and the selection committee appreciate that all forms attached are submitted complete.

The Convention Committee selects speakers based on qualifications and topic. The Convention Committee also assigns the lecture time and room. If your candidate has not been a previous presenter at SOHO events, please include references and preferably an audio or video sample. **Please note: the sponsoring company must be an Exhibitor of 2026 SOHO Healthfest to qualify.**

Please contact us at (727) 846-0320 with any questions. As noted above, submissions need to arrive in our office before September 30, 2025.

Sincerely,
Your SOHO Healthfest Team



5946 Main Street
New Port Richey, FL 34652

727.846.0320

FAX: 800.828.7250

info@SOHOhealthfest.net
senpa.org

Speaker Profile & Presentation

Vendor Education - \$750



Included in Program

- Screen
- Projectors
- Wireless Microphone (lavalier)
- Classroom style seating
- Table for Handouts
- Laptop upon request

(Please print legibly)

Title of Presentation: _____

Name of Proposed Speaker: _____

Title/Position: _____

Company: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Sponsoring Company: *(if applicable)* _____

Company's Speaker Contact: _____

Phone: _____ Email: _____

PAYMENT METHOD

Pay by Check # _____ (make payable to SENPA, Inc.)

NOTE: Company checks not accepted after December 31, 2025, must be paid by cashier's check or money order.

Pay by Credit Card. American Express, MasterCard and VISA Accepted (3% service charge added to all credit card payments).

NOTE: Invoice will be sent with payment instructions. Credit cards are processed through Authorize.net to ensure secure transactions.

Your invoice will come from SENPA, Inc. invoice@authorize.net

ACH Payment (contact office for details)

REQUIRED: Authorized Signature: _____ Date ____ / ____ / ____

Print Name: _____

Title: _____

Attach a MS WORD DOCUMENT with the following information:

Title of Presentation

50-75 Word Program Description

Indicate Presentation Style: 1 speaker 2 speakers Panel Presentation (3 or 4 panelists)

75 Word Bio

Speaker's CV/Résumé

Additional Items to submit along with this completed application to info@SOHOexpo.net:

a) headshot photo - 3" x 3" color image - 300 dpi resolution jpg

b) sponsor logo (EPS format with fonts and special effects flattened) if applicable

SPEAKERS RELEASE – Vendor Function

By participating in SENPA's SOHO Healthfest, education program speakers give permission to SENPA to audiotape, videotape or otherwise reproduce their presentations, as well as use their names and pictures in the promotion of the education program. Most conference sessions, seminars, and workshops will be recorded for educational purposes and shared as a member benefit of SENPA. I consent to such sales and distribution and waive all interest in the same.

Speakers who supply outlines to be printed and presentations to be made available give SENPA permission to copy and distribute them to seminar and show attendees.

Speaker's presentation MAY promote or endorse any specific product, product lines, service or company in the course of the session or workshop.

It is the responsibility of the speaker to present objective information, respect the opposing views of others, and avoid defamatory comments against individuals, products or organizations. SENPA will not accept liability for legal actions resulting from speaker statements or written materials.



By Signing below, I verify that I understand and agree to comply with the above:

Signature

Date

Print Name

EMAIL completed form to
info@SOHOhealthfest.net



Speakers Credentialing Policy

Speakers at SOHO Healthfest trade show vendor programs who intend to use credentials and titles after their names must have earned appropriate degrees, certifications or licensure from accredited institutions or certifying/licensing bodies. To have credentials recognized in show-related literature and promotion, SENPA/SOHO Healthfest must first verify the credentials.

For doctors (N.D., M.D., PhD, O.D., D.C., D.O., D.D.S., D.V.M., etc.) and people holding Masters or other degrees, the credentials must originate from institutions that have received accreditation from one or more of the following regional or national accrediting agencies:

North Central Association of Colleges and Schools
Southern Association of Colleges and Schools
Middle States Association of Colleges and Schools
New England Association of Schools and Colleges
North West Association of Schools and Colleges
Western Association of Schools and Colleges
Liaison Committee on Medical Education (LCME)
Council on Naturopathic Medical Education (CNME)
American Osteopathic Association (AOA)
Council on Chiropractic Education (CCE)
American Veterinary Medical Association
American Dental Association (ADA) Commission on Dental Accreditation



The credentials of certified nutritionists (CCN, CN, CNS, etc.) or registered dietitians (RD) or allied health professionals must originate from one of the following certifying bodies and/or from programs accredited by one of the following accrediting institutions:

Certifying Body:

American Nutritionist Association (ANA)
Clinical Nutritionist Certifying Board (CNCB)

Accrediting Institution:

National Commission for Certifying Agencies (NCCA)
Distance Education & Training Council (DETC)
Commission on Accreditation of Allied Health Education Programs (CAAHEP)

Any person representing him/herself as an expert in a particular field must document the basis for this expertise. If this expertise includes specific certification or other credentials, then he or she must provide documentation as provided in Sections I and II above.

Documentation of credentials not specifically addressed above will be evaluated on an individual basis. All determinations of suitability of credentials or sufficiency of documentation will be at the discretion of SENPA.

Speakers will be required to sign a Conflict of Interest Statement.

Speakers Credentialing Information

Full Name Degree Awarded: _____

Degree/Credentials: _____ *see below
(PhD, M.S., C.N.S., C.C.N., R. Ph., M.D., etc.)

Company: _____

Job Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

Web Page: _____

*CREDENTIALS

I have read the Speakers Credentialing Policy and understand that SENPA/SOHO Healthfest will verify the following, or, attach a copy of your diploma, certificate, license, etc.

Institutions, Licensing Board, etc.

_____ Year Awarded _____

_____ Year Awarded _____

_____ Year Awarded _____

Signature Date

Print Name

EMAIL completed form to
info@SOHOhealthfest.net

Speaker Conflict of Interest Policy

It is the goal of SENPA to ensure balance, independence, objectivity, and scientific honesty in all its education programs. All speakers and presenters participating in any SENPA sponsored programs are required to disclose to the program audience any actual or potential conflict(s) of interest that may have a bearing on the subject matter of the education program. A conflict of interest is a situation in which the presentation of a speaker may be influenced by current or anticipated financial gain as a result of a personal financial relationship with food, drug or device manufacturers, or other individuals or entities whose products or services are related to the subject matter of the program.

This policy is not intended to prevent a speaker with a potential conflict of interest from making a presentation. It is intended to openly identify any potential conflict so that listeners may form their own judgments about the value and validity of the presentation with full disclosure of the relevant facts. It remains for the audience to determine whether a speaker's other interests may reflect a possible bias in either the information or the conclusions presented.

REQUIRED DISCLOSURES

Each participant in a SENPA sponsored education program shall make disclosure if, within the previous three years, that individual or an immediate family member has had a personal financial relationship with a commercial or other party related directly or indirectly to the subject matter of the individual's presentation. Such a relationship constitutes an actual or potential conflict of interest which must be disclosed.

For the purpose of the above, **“education programs”** include all aspects of the SENPA SOHO Healthfest Meeting, including scientific papers, symposia, workshops, seminars, instructional and continuing education courses, and any other SENPA sponsored education or informal activities and publications. An individual's **“immediate family member”** includes the individual's spouse, life partner, child, parent or sibling. A **“personal financial relationship”** includes current or expected receipt of salaries, ownerships, equity positions, stock options, royalties, consulting fees or honoraria, material research support, and other financial arrangements. Any question as to whether a personal financial relationship exists should be submitted to, and will be resolved at the discretion of, the SENPA SOHO Events Committee.

Failure to comply with this disclosure requirement may result in a disqualification from participation in all future SENPA sponsored programs.

PROCEDURES

Each participant in a SENPA sponsored education program shall complete and sign the back of this Declaration form and submit it with his or her application or agreement to participate. A declaration must be submitted for every program the participant wishes to participate in, e.g., for each SENPA Education Program. If the participant's situation changes during the period of time between the submission of a Declaration and the program, so as to render the Declaration incorrect or incomplete, the participant must submit a revised Declaration. The disclosed information may be published in program materials and must be announced to the audience by the individual participant prior to commencement of his or her presentation.

Speaker Conflict of Interest Declaration

DATE OF PRESENTATION: _____

TITLE OF PRESENTATION: _____

SPEAKER'S NAME: _____

I have the following actual or potential conflict(s) of interest to disclose in relation to the above presentation:

Signature

Date

Print Name

Within the previous three years, neither my immediate family members nor I have had a personal financial relationship with a commercial or other party related directly or indirectly to the subject matter of this presentation. I have read the SENPA/SOHO Healthfest Speakers and Presenters Conflict of Interest Policy.

Signature

Date

Print Name

EMAIL completed form to
info@SOHOhealthfest.net