

Wellness Advocate Name \_\_\_\_\_

Member ID \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Wellness Advocate Check List

#### Event Submission Check List

- Diagram of Booth
- Image of Banner or Poster
- Proof of Paid Space
- Submit Form to  
[compliance@doterra.com](mailto:compliance@doterra.com)

#### Event Information

Date of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Location (City, ST) \_\_\_\_\_

Type of Event \_\_\_\_\_

Complete List of Materials at Event

---

---

---

**\*All events submission forms must be submitted at least four (4) weeks in advance of the event.**

By submitting this Event Submission Form, I affirm that I have read Section 13.D of the Policy Manual and I acknowledge that I am responsible to comply with those guidelines. I also agree that the facts set forth in this form are true and complete and I have provided the necessary documentation. I understand that if my submission is denied I will not be permitted to participate in representing dōTERRA at this event.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

#### For Compliance Use Only

- Diagram of Booth
- Graphic of Banner/Poster
- Reserved Space Proof
- Exclusivity
- Added to Event Calendar

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Compliance Department Approval \_\_\_\_\_

Marketing Department Approval \_\_\_\_\_