



ICF Event Calendar Application

This application is for training events to be posted on the ICF Event Calendar: <http://www.coachfederation.org/calendar>. Specifically, it is for training events that are part of programs already approved by the ICF. Any part of the approved program may be listed as an event on the calendar.

Payment Information

How many times would you like your event posted? Please know that each posting is \$50.00. Example: 5 postings would be \$250.00. Please only purchase the number of postings that you currently have training dates for. If you do not have the training dates available currently, do not include that in your purchase. You will be able to purchase additional listings at a later time when needed. *

Will you be submitting a check for the Event Calendar listing? *

- Yes
 No

Please mail your check to:

Celeste Moore
International Coach Federation
2365 Harrodsburg Rd
Suite A325
Lexington, Kentucky 40504

Please make a note on the check memo line that is for your event calendar listing.

Type of Credit Card *

Credit Card Number *

Expiration Date *

/ / 
Month Day Year

Security Code on the back of the card *

Name on the card *

1. Organization Information

Organization Name: *

Address: *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select

Country

Organization Website:

2. Program Information

Title of Approved Program: *

CC units *

RD units


Type of ICF approval: *

- ACTP Program
- ACSTH Program
- CCE Provider Program
- CCE Chapter Event

3. Event Information


Event Title: *

Event Start Date: *

/ / at : AM 

Month Day Year Hour Minutes

Event End Date: *

/ / at : AM 

Month Day Year Hour Minutes

Please list additional event dates and times below. Please know that if you do not give specific dates or times, it will delay the process of event(s) being posted to the calendar. If you do not have the information ready currently, please only purchase and give the information for the events that you have all the needed information for. You will be able to submit for the additional dates at a later time.

Venue: *

Event Details:

Event Language: *

Event Website:

4. Contact Person for Event

Full Name: *

First Name

Last Name

Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select

Country

Email: *

Phone Number: *

 -

Area Code Phone Number

Event Details/Flyer:

Choose File

No file selected

Submit