## Thank you for your interest in being a guest on



## **Unlocking Your Healthcare Mysteries**

We are committed to providing high-value, transformational content to our audience. To help us choose the best guests, please complete this application form. You may also submit your application below with a private link to a video that answers the questions below on why we should choose you to be part of our mission.

Full Name:	
Email Address:	Phone Number:
Business or Organization Name (if applicable):	
Business or Organization Address:	
Website or Social Media Links:	
What health or wellness topic(s) are you most pass	sionate about sharing?

wny do you believe these topic(s) are important for our audience?
How does your message or expertise align with the goals of our channel?
What makes your story, journey, or insights unique?
Experience & Availability  Have you been interviewed on other podcasts, YouTube shows, or media outlets? If so, please provide links:
What is your general availability for recording (days/times)?
Are you available to record on weekends?
What is your speaking/interview style or character type (e.g., energetic, calm, motivational, technical)?
Do you have a following or audience you would be willing to share this episode with?
Are you open to promoting the episode once it airs?
Is there anything else we should know to help us make our decision?
Are you interested in sponsorship? or advertising opportunities?

Are you intereste	d in one or both during your segment or another segment
or are open will provide more inf	? Sponsorship, advertising yourself or a product there is a fee associated with these. We primation

We greatly appreciate your interest and the time you took to apply. We review all submissions carefully and will reach out to schedule if it feels like a great fit. Once filled out email to mwoods@chronichealthnetwork.com