EVENT COORDINATOR CONTACT:

NAME_____ _____

EMAIL_____

CELL_____

ONSITE CONTACT:
NAME_____ _____

EMAIL_____

CELL_____

DATE(S) OF MEETING: _____ _____

LOCATION OF MEETING: _____ _____

NUMBER OF ATTENDEES EXPECTED IN SPEAKERS ROOM: In Person _____Virtual_____

COURSE INFORMATION PROVIDED BY SPEAKER

Course abstracts are attached.
COURSE TITLE(S): _____

Class _____   Tech   ABO or NCLE 1 or 2 Hours

Date _____   Time_____

Class _____Tech 1 ABO – GK NCLE – 1 hour

Date _____   Time_____

Class_____ Tech   ABO or NCLE 1 or 2 Hours

Date _____   Time_____

Class:_____ Tech   ABO or NCLE 1 or 2 Hours

Date _____   Time_____

HANDOUTS? YES _____   NO _____ NEEDED BY:_____
Please send any handouts prior to the Date. These handouts will be uploaded to the Association website for attendees' use.

EQUIPMENT NEEDED FOR PRESENTATION: (Audio-visual needs are paid for by the PPA and subject to board approval.

_____ lectern microphone ____ lavaliere microphone _____ extension cord_____
LCD (laptop provided by speaker) _____ electric pointer _____ other _____

SPEAKER(S) NAME: _____ _____

BUSINESS PHONE: _____ CELL PHONE:_____ _____

EMERGENCY CONTACT : _____RELATIONSHIP_____

EMAIL: _____

TAX ID NUMBER: _____ OR SS NUMBER_____

Please attach a brief biography or CV to this agreement for publicity purposes if not already provided. And a current headshot.

LODGING, TRAVEL AND REIMBURSEMENT INFORMATION

The Association will provide for lodging as follows:

LODGING: _____ night(s) single room rate and tax at the site for the night(s) of _____

MEALS: _____$____ per day (If the Association provides meals during the event, the speaker may not be entitled to reimbursement)

TRANSPORTATION: _____ 1. Round trip coach airfare from the speaker's hometown to the meeting site.
_____ 2. Auto mileage at a rate of .575 cents per mile (update for 2025 IRS) tolls and parking.
_____ 3. Ground transportation to and from the airport or rail/bus station to the meeting site.

HONORARIUM: _____$_____to be paid to (   ) by the Association following the meeting. The speaker will make their own travel and lodging arrangements and bill the Association.
HONORARIUM: _____$_____to be paid to (   ) by your sponsor_____
OR
HONORARIUM: _____$_____to be paid to   by your sponsor_____
The Association will provide lodging.

SPEAKER REGISTRATION INCLUDES: _____

AGREEMENT INFORMATION:

Speaker submits for CEC for approval they will be reimbursed, Yes_____N0_____

Association Submits for CEC   Yes____ No____

The association agrees to use marketing materials provided by the sponsor/speaker on websites, at the event, and email blasts.

Please sign and email to the Event Coordinator (contact info above)

Agreed to by:
Signature of Speaker: _____|_____   Date_____

Signature Association: _____ Date: _____