



Conference Speaker Agreement

Date of Conference: _____

Please complete
ALL sections &
return ASAP to:

*NHSLHA Attn:
VP Prof. Development
P.O. Box 1538
Concord, NH 03302*

Location of Conference: _____

Estimated # of Attendees: _____

1. Speaker (s)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

E-Mail: _____ E-Mail: _____

Title of Presentation: _____

Description: _____

2. Learner Objectives: (*this information is required by ASHA for CEUs*)
(Minimum of 4):

3. Length of Presentation: **1 day:** _____ **2 day:** _____ **Other:** _____

4. The tentative schedule is as follows. Please fill in the blanks with topic (*this information is required by ASHA for CEUs*)

8:30-9:00: Registration and Continental Breakfast
9:00-10:30: _____
10:30-10:45: Break
10:45-12:00: _____
12:00-1:00: Lunch
1:00-2:30: _____
2:30-2:45: Break
2:45-4:00: _____

5. A/V Equipment Requests:

6. Speaker Fee: _____

7. Travel, accommodations and meals will be covered at reasonable and customary rates. Please make your own flight arrangements and NHSLHA will reimburse you.

Other accommodations:

Shuttle needed:

8. Do you need handouts copied? Yes _____ No _____

(If yes, please send to the conference coordinator *at least 1 week prior* to the conference)

9. Other pertinent information or requests:

Please attach a BRIEF BIOGRAPHY for the conference brochure and return by:

_____/_____/_____

Speaker signature

Date

Please return in the enclosed envelope. If you have any questions please contact:

NHSLHA

P.O. Box 1538 Concord, NH 03302-1538

603-228-5949