**Call for Speakers Information Form & Agreement**

The 2018 Where to Turn Resource Fairs will take place on Tuesday, June 5th and Tuesday, October 23, 2018. Exhibitor/Sponsorship opportunities are available upon request. This bi-annual event brings together Service Coordinators, Case Managers, Social Workers, Discharge Planners, Nurses, related Professionals and any individuals interested in networking with community services exhibitors.

We are looking for speakers who can provide attendees with information addressing the following themes:

June 5th – Wellness

October 23rd– Health Care Update for 2019

Topics include:

* Impact of Health Care Reform
* Housing Resources
* Food/Nutrition information
* Stress Management Programs
* Tobacco Cessation
* Senior Wellness/Age in Place
* Services for Families in Need
* Transportation Resources
* Health Services for Uninsured/Underinsured
* Wellness/Prevention

Please use the form below to submit a presentation, workshop or demonstration for one of the two 2017 Where to Turn Resource Fair events.

Speaker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relevant Experience (briefly described): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Audio Visual/Other Equipment: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Preferred speaking time: *(circle one)*  June or October

Speaking time slot needed: *(circle one)* 15 minutes

30 minutes

45 minutes

*This agreement is between the organizers, American HealthCare Group and* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****, whereby Speaker agrees to present program as listed above:*

*Presentation Logistics*

1. *Check-in*

You should arrive at the conference no later than one hour before your presentation. Upon arrival, you should go to the Registration table. Here you will receive final details. Please bring a copy of your presentation on a flash drive.

2. *Contact information for event communications:*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day of Event Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Waiver*

*The Speaker agrees to present at the event and to adhere to the content of their talk as outlined in the description.*

*Agreement*

I, the undersigned, agree to provide speaking services in accordance with the specifications documented above. I agree to indemnify and hold harmless AHG against any and all claims, liabilities and expenses of any nature whatsoever, arising out of or related to the provision of my speaking services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Presenter Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AHG Date

**Please attach a bio of all speakers.** Also, send a copy of the presentation if applicable.

Submit completed form:

Carla Clipper, [cclipper@american-healthcare.net](mailto:cclipper@american-healthcare.net) fax: (412)563-8319

American HealthCare Group

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