



Where to Turn Resource Fair

David L. Lawrence Convention Center, Downtown Pittsburgh

Wednesday, May 22, 2019 & Tuesday, October 8, 2019

Contact Carla Clipper with any questions: Phone: 412/563-5823 Email: cclipper@american-healthcare.net

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 fax: (412)563-8319

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