



## Where to Turn Resource Virtual Speaker Series 2021 Winter Series Tuesdays through July

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

### Call for Speakers Information Form & Agreement

The Where to Turn Resource Speaker Series has been such a success that we have decided to extend it through July 2021! The series takes place on Tuesdays at 10:00 am. Sponsorship opportunities are available upon request. This series will bring together Service Coordinators, Case Managers, Social Workers, Discharge Planners, Nurses, related Professionals and any individuals interested in networking with community service providers.

We are looking for speakers who can provide attendees addressing these topics:

- Housing Resources
- Food/Nutrition Information
- Stress Management Programs
- Fraud & Scam Prevention
- Senior Wellness/Age in Place
- Retirement in a Post Pandemic World
- Conflict Resolution
- Services for Families in Need
- Transportation Resources
- Health Services for Uninsured/Underinsured
- Wellness/Prevention
- Domestic Violence
- Self Care
- Resident Communications & Activities

Please use the form below to submit a presentation, workshop or demonstration for the 2021 Where to Turn Resource Series:

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Preferred speaking date: *(circle one)*

June 8<sup>th</sup>  
June 29<sup>th</sup>  
July 6<sup>th</sup>  
July 13<sup>th</sup>  
July 20<sup>th</sup>  
July 27<sup>th</sup>



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

### Presentation Logistics

#### *Platform:*

We will be using WebEx for the series

#### *Contact information for event communications:*

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

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

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

### Waiver

*The Speaker agrees to present during the series 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  
733 Washington Road  
Suite 102  
Pittsburgh, PA 15228