**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 February 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 2020 Where to Turn Resource Series:

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

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

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

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Preferred speaking date: *(circle one)*  December 1st

December 8th

December 15th

December 22nd

January 5th

January 12th

January 19th

January 26th

February 2nd

February 9th

February 16th

February 23rd

*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 competed 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