



Idaho Association of Health Underwriters

Return application to: IAHU Speaking Opportunities, PO Box 8102, Boise ID 83707

Speaker Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Phone: ____ (____) _____ Email Address: _____

Date Available: _____ Desired or Waived Fee \$ _____

Event Applied for (if applicable) _____

Have you ever worked with IAHU? Yes No If so, when? _____

Are you willing to travel outside of your area? Yes No If so, when? _____

Approved for CE? Yes No
Exp. Date(s) _____

Education

Designation: _____ Education Institution: _____

From: ____ to: ____ Did you graduate? Yes No Degree: _____

Designation: _____ Institution: _____

From: ____ to: ____ Did you graduate? Yes No Degree: _____

Other: _____ Institution: _____

From: ____ to: ____ Did you graduate? Yes No Degree: _____

References

Please list three professional references or prior recruiters.

Full Name: _____ Relationship: _____

Company: _____ Phone: ____ (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ____ (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ____ (____) _____

Address: _____

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| Please list your topic specialties: |
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| Please list any future meetings of interest for participation: |
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| Please list any professional affiliations: |
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| Please list any written publications / articles: |
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- Please include a jpg photo and bio



This document outlines the understanding and agreement between the participating speaker and (Chapter Name). It is designed to be a communication tool clearly confirming time, date, title, etc., and defining responsibilities of both parties. Please let us know immediately if your understanding is different than the following.

IAHU Speaker's Agreement

Speaker: _____ (please list exactly as you wish your name to appear in all printed materials).

Program: (Chapter Name) Expo and Exhibition

Session(s): _____

Date / Time: _____

Location: _____

Qualifications

1. The speaker shall have a broad range of information and understanding of the subject matter he / she will be presenting; subject matter shall represent a primary area of his / her professional concentration.
2. The speaker shall have the ability to communicate the subject matter through various teaching methods in such a manner as will facilitate the ability of attendees to gain insight, knowledge, skill and / or ability in the area of concentration.
3. The speaker is required to arrive at least 30 minutes before the program begins. Room will be available for set up.

Speaker Duties and Responsibilities

1. (Chapter Name) requests that the speaker conduct himself / herself at all times in an ethical and professional manner so as to maintain and increase the professional reputation of NAHU and its members.
2. The speaker must abide by the compensation schedule established by (Chapter Name) and outlined herein.
3. The speaker should submit a signed copy of this agreement to (Chapter Name) soon as possible, thereby agreeing to the criteria, instructions, and deadlines outlined herein.
4. The speaker shall not make any presentation that could be construed as being of a commercial nature. (Chapter Name) *does not allow promotion of specific business interests during educational sessions*. Blatant commercialization of any presentation could result in termination of a session by (Chapter Name).
5. Speaker will personally conduct this session; if, because of physical incapacitation, he or she is unable to do so, (Chapter Name) will have the choice of having another (ABC) presenter conduct the session.
6. The speaker is required to submit the following documents as described and by the deadlines indicated:
 - **IAHU Speaker Agreement** (this document), signed and submitted **Date** ().
 - **Course Summary** not to exceed 75 words in length, submitted **Date** ().
 - **Course Presentation Slides** and other materials are to be submitted via electronic submission, diskette or CD submitted **Date** ().
 - **Speaker(s) Professional Biography**, a maximum 100-word biographical sketch that will be included in the program and will be used for introductions. **Deadline: Upon Receipt**
 - **Audiovisual Equipment and Travel Request Forms** your audiovisual equipment request will be used to support your presentation at the (Meeting Name). (Contact Name) will make hotel arrangements in accordance with the arrival and departure dates exactly as indicated on **Travel Form**. This covers hotel room rate and applicable taxes *only*. All other charges are the sole responsibility of the Speaker. Must be submitted no later than **Date** ().

- **Speaker Support Materials This** refers to copies of all materials that the Speaker will be distributing to attendees during his / her presentation. Must be submitted **Date** (). Any materials submitted later than this deadline is the sole responsibility of speaker to prepare copies for all participants.
 - **Current Photograph (if requested)** will be used in the event program, which must be submitted **Upon receipt of this request**. Electronic versions are preferred.
7. Speaker is responsible for making his / her own flight reservations using the following criteria:
- Flight reservations should be made at least 60 days in advance and for economy airfare only. (Chapter Contact) requests that we be copied on itineraries to ensure proper hotel accommodations are secured.
 - The (Chapter) will not be responsible for airfare booked less than 14 days in advance, for fares other than economy airfare, or for tickets booked through another agency, unless pre-approved by IAHU.
 - Airfare arrangements and traveler discount codes soon to follow.
8. The (Chapter Name) agrees to Speaker compensation as outlined below:

One night at the hotel (room & taxes @ single room rate only)

One day of meals (maximum of \$50 per day)

Economy Airfare (if applicable) Yes No **OR** Mileage Reimbursement @ .48 per mile.

(Chapter Name) can only reimburse for coach airfare booked through (xyz travel arrangement).
Information soon to follow.

Waiver of Registration fee Yes No

By my signature below, I agree to comply with all criteria outlined in this agreement. I further acknowledge and consent to (Chapter Name) use and distribution of my spoken word including the sale of audio and / or video cassettes and any supporting materials I have provided. I release (Chapter Name), its officers, employees, and agents from any liability that may arise from such use and distribution.

Signature

Date

Please retain one copy of this agreement and return the other copy as soon as possible to:

Chapter Preferred Mailing Address