

SPEAKERS/ PRESENTERS AGREEMENT FORM

Please email a scanned copy of the signed form to
Vanessa Pearson at ypearson@viet-care.org or Fax a copy to (949) 381-5580.

PRESENTERS submit by Monday, September 18, 2017

Please fill out the information below. Please checkmark and initial all necessary spaces.

1. I agree to participate in the 2017 API Mental Health Empowerment Conference on October 6, 2017. ONLY the main presenter / speaker will receive a complimentary ticket. If you are not the main presenter, or have otherwise notified us who should receive the complimentary registration from your group, you are responsible to register and pay the discounted rate for your attendance. Here's the link to [the registration page for co-presenters](#)

The program will cover information/topics requested by Viet-CARE and agreed to by me. I agree to comply with all program-related deadlines provided to me by Viet-CARE, including but not limited to:

Speakers / Presenters:

- Signed Speakers / Presenters Agreement Form and Conference Registration Form - **due September 18**
- Bio and headshot - **due September 11**
- Presentation Outline - **due September 18**
- Presentation Visuals with notes - **due September 18**

2. I ☐ will ☐ will not be using a visual presentation. *If you are not using presentation slides, please go to **number 9**.*
3. I acknowledge that, for my presentation, the session room will be equipped with a lectern, microphone, data projector and screen.
4. My presentations slides will be in ☐ PowerPoint ☐ Keynote.
5. I ☐ will ☐ will not be presenting using my own laptop, which will be ☐ a Windows-based PC ☐ a Mac.
6. I ☐ will ☐ will not be using embedded video clips in my presentation.
7. I ☐ will ☐ will not include audio clips in my presentation.
8. I ☐ will ☐ will not require additional A/V equipment for my presentation.

Additional equipment needed (if applicable):

I understand that my request may not be granted by Viet-CARE. If a request is denied, I will work with Viet-CARE staff to come up with a reasonable compromise. *All requests must be received at least **two weeks prior to the conference**. Viet-CARE cannot guarantee onsite A/V requests.*

9. During my presentation, I will not engage in any type of promotional marketing or selling of any product or service, and I will not disparage Viet-CARE or other specific companies in any way.
10. I agree to notify Viet-CARE's Conference Coordinator immediately in the event that an emergency should prevent me from meeting my obligation as a speaker / presenter and will make every attempt possible to provide a qualified substitute speaker / presenter.
11. I grant to Viet-CARE a royalty-free license to use, reproduce and distribute my presentation (including all handouts and visual presentations) in any way in the future, with appropriate attribution to me. I understand that this license does not change the fact that I retain copyright ownership of my presentation, and does not prohibit me from using my presentation in any way or from allowing others to use it.
12. To the best of my knowledge, my presentation does not violate any proprietary or personal rights of others (including any copyright, trademark and privacy rights), is factually accurate, and contains nothing defamatory or otherwise unlawful. I have the full authority to enter into this agreement and have obtained all necessary permissions or licenses from any individuals or organizations whose material is included or used in my presentation.
13. I authorize Viet-CARE to use my name, photo, and biographical data in connection with the use and promotion of the program.
14. I will be responsible for all travel arrangements and expenses that I incur. I understand that I will not receive any royalties, honoraria, reimbursement of expenses in connection with the program or the rights granted above.

Please print your title and company name exactly as it should appear in all conference promotional materials.

Title: _____

Company: _____

Please provide your contact information.

Phone(s): Cell _____ Alternate: _____

Mailing Address: _____

Email: _____

By signing this form and based on mutual consideration, I understand and agree to the above terms and conditions.

Speaker Signature

Date

Printed Name