



CALL FOR SPEAKERS

Contact Information Form

Name: _____

Company/Institution: _____

Address: _____

City: _____

State/Country: _____

Zip Code: _____

Phone: _____

Email: _____

Title of Paper/Presentation: _____

Description of Paper/Panel Session: _____

Please list all Speakers and their Organizations:

Speaker 1: _____

Speaker 2: _____

Speaker 3: _____

Speaker 4: _____

Key Health Issues: _____

Question #1: Can changes be made to the preformed panel presentations?

___ *YES, you may make changes to the panel.*

___ *NO, DO NOT make changes to the panel.*

You choose not to present the panel if all if any changes are to be made.

Question #2: Who will notify a presenter whose presentation was not accepted?

The Sustainable Healthcare & Hospital Development Conference will first communicate the status of the panel and the individual speakers to the designated contact person.

___ **The Sustainable Healthcare & Hospital Development Conference will communicate directly with speakers.**

___ **The contact person will be responsible for communicating with the speakers in their panel submission who were not accepted.**

Important Attachments:

- The contact information for each of the 3 or 4 presenters and the moderator
- An individual abstract for each of the 3 or 4 presentations
- A brief biography for each of the 3 or 4 presenters
- This form filled out completely and signed

Agreement:

Party understands that SHDDC may, at its sole discretion, produce presentations or publications based in whole or in part upon the seminar (or any portions thereof) and/or video or audio recordings or photographs of that seminar, and that such presentations or publications may appear in print, online, or in any manner or media, including but not limited to promotional or marketing materials for future Congress sponsored or endorsed events. This Agreement shall be effective as of the date first written below and will apply to all rebroadcasts and subsequent use of the Recordings by the Released Parties. All parties hereby irrevocably agree that this Agreement shall be governed by the laws of the State of Florida, of the United States of America, and the venue for any and all legal actions brought under this Agreement shall be the courts for the Palm Beach County, Florida. If any provision of this Agreement is found by a proper authority to be unenforceable or invalid such unenforceability or invalidity shall not render this Agreement unenforceable or invalid as a whole and in such event, such provision shall be changed and interpreted so as to best accomplish the objectives of such unenforceable or invalid provision within the limits of applicable law.

I have carefully read and voluntarily signed this agreement and I fully understand its contents. I am aware I am releasing legal rights that I otherwise may have, and I enter into this agreement with a full understanding of the risks involved. I certify that I am not relying on any representations or statements by the released parties apart from the written terms of this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this agreement.

Signature: _____

Date: _____