

OAPA Speaker Agreement and Release Form

EVENT: 2024 OAPA Annual Conference

** Indicates required question*

1. Email *

2. **Speaker Name:** *

3. **Presentation Title:** *

4. **Live Presentation Date/Time:** *

SPEAKER AGREEMENT

5. Please acknowledge the following statements by checking each box: *

Check all that apply.

☐ I will meet all program-related deadlines provided to me by OAPA, including but not limited to deadlines for slides, recording submission, A/V requests, etc.

☐ I will not use the OAPA logo without permission.

☐ I will act in a respectful and civil manner, and I accept the responsibility to represent myself and OAPA in a professional manner as a speaker for this event.

☐ I will notify OAPA immediately in the event that an emergency should prevent me from meeting my speaker obligation. Any substitution of a new speaker shall require OAPA's written consent.

☐ I understand that my invitation to participate can be revoked at OAPA's sole discretion if I fail to fulfill the obligations described herein.

6. By typing my name below, I am attesting to the above and understand that this form of electronic signature has the same legal force and effect as a handwritten signature. *

7. Please select today's date: *

Example: January 7, 2019

SPEAKER COMPENSATION

OAPA is a 501(c)6 nonprofit professional association with a vision of Ohio as the premier state for PAs. Our mission is to remove obstacles and provide resources for the personal and professional development of Ohio PAs while promoting quality, accessible, and cost-effective patient care. We are grateful for your engagement as a speaker.

8. Please acknowledge the following statements by checking each box: *

Check all that apply.

☐ I understand that I am responsible for all hotel, travel, meal, and other expenses related to my participation as a speaker.

☐ ATTENDANCE OPTIONS - I understand that my attendance options are the following: attend only my presentation time slot at no charge OR attend conference programming (other presentations, food and beverage events, etc.) by paying the registration fee.

☐ HONORARIUM OPTIONS - I understand that I am eligible for a \$250 honorarium, the options for which are: receive a \$250 honorarium via check by mail post-event after successfully completing my speaker obligations OR decline the \$250 honorarium, permitting OAPA to keep the funds in continued pursuit of its mission.

9. Please indicate which ATTENDANCE OPTION you choose: *

Mark only one oval.

☐ Attend only my presentation time slot at no charge.

☐ Attend conference programming (other presentations, food and beverage events, etc.) by paying the registration fee.

10. Please indicate which HONORARIUM OPTION you choose: *

Mark only one oval.

☐ Receive a \$250 honorarium via check by mail post-event after successfully completing my speaker obligations.

☐ Decline the \$250 honorarium, permitting OAPA to keep the funds in continued pursuit of its mission.

11. By typing my name below, I am attesting to the above and understand that this form of electronic signature has the same legal force and effect as a handwritten signature. *

12. Please select today's date: *

Example: January 7, 2019

SPEAKER RELEASE

OAPA would like to capture your presentation in audio and/or video format. Such recordings are maintained by OAPA and may be made available for public viewing or downloaded through OAPA's website or other media.

13. Please acknowledge the following statements by checking each box: *

Check all that apply.

- ☐ I give OAPA permission to use my name, likeness, and biographic information to promote the 2024 OAPA Annual Conference and subsequent on-demand educational product.
- ☐ I consent to be audio and/or video recorded and/or video conferenced and/or live web cast, and to the electronic capture of any supporting materials made available during my presentation, including my own, in connection with the 2024 OAPA Annual Conference.
- ☐ I assign to OAPA royalty-free all of my rights, title, and interests, including copyrights, which I may have in the recording made of me as a part of the event; and represent that all necessary permissions have been obtained from any other copyright owner(s) whose work(s) are incorporated into my presentation.
- ☐ I hereby authorize OAPA to edit, reproduce, sell, lease, license to a third party, exhibit, broadcast and distribute said recording in any medium now in existence or which may be developed in the future, including streaming over the internet.
- ☐ Subject to rights granted to OAPA herein, all other rights to my work and presentation are retained by me, and I have the right to ask OAPA to provide me a copy of my work.
- ☐ I acknowledge that this release is governed by Ohio law and is a legally binding agreement.
- ☐ I verify that I have authority to enter into this agreement and that I will be bound by its terms.

14. By typing my name below, I am attesting to the above and understand that this form of electronic signature has the same legal force and effect as a handwritten signature. *

15. Please select today's date: *

Example: January 7, 2019

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