



## 2019 Speaker Proposal for NOSORH Annual Meeting

NOSORH recognizes our corporate, non-profit, and government agency partners as subject matter experts on issues of concern to State Offices of Rural Health. We invite you to offer a suggestion for a presentation at the NOSORH Annual Meeting. You may propose a general session (panel or individual) or a breakout session. All proposals will be considered by the planning committee with no guarantee that they will be selected.

Please complete this form and return by June 7, 2019. There is a submit button at the end of the form.

The meeting will be held in Albuquerque, New Mexico - October 16 - 17, 2019

\*Title of Presentation

\*Brief description of presentation. There is a 100 character minimum and a 800 character maximum. Anything over 800 characters will be deleted.

Person to contact /if not speaker(s)

Person to contact's E-mail

\* Speaker's First name

\*Speaker's Last name

\* Speaker's Organization/Company Name

\*Speaker's E-mail

\*Speaker's Phone

\* Speaker's Title

\*Speaker Bio: There is a 100 character minimum and a 800 character maximum. Anything over 800 characters will be deleted.

\*Length of presentation

\*Equipment Needs:  
Check all that apply

\*Are you playing a video/movie?

**Only PC  
Compatible  
Presentations  
will be  
accommodated**

30 minutes  
45 minutes  
60 minutes

Laptop  
Wireless Slide  
Advance  
One Screen  
Speakers  
None

Yes  
No

*Please provide a head shot.*

\*I will provide the presentation by either

Emailing to [trevorb@nosorh.org](mailto:trevorb@nosorh.org) 10 days or more before the event.

Bringing it with me to the event.

**PRESENTATION RELEASE FORM**

I, the undersigned, hereby authorize the National Organization of State Offices of Rural Health (NOSORH) to duplicate and distribute my presentation(s) to the NOSORH community and the general public by various means, including, but not limited to, CD, audio cassette, DVD, videotape and via the Internet for purposes consistent with NOSORH's mission.

I authorize NOSORH in perpetuity to use text, audio, video, and other media from my presentation(s), as well as my name, my physical likeness, voice, and any photographs, film, audio tape, video tape and/or digitized images of me and/or my presentation(s) in any NOSORH online venue and in any other educational/marketing materials prepared and distributed by NOSORH.

I understand and agree that NOSORH makes no warranties or promises regarding unauthorized use by others and that the organization is not responsible for any unauthorized use of text, audio, video, and other media from my presentation(s) by any person, and I agree to hold NOSORH harmless from all such uses. I promise that I either exclusively own all rights, title, and interest in all materials used in my presentation(s) or have obtained prior written authorization to use someone else's copyrighted material. I agree to defend and to hold NOSORH harmless from any and all claims of copyright violation resulting from the use of my presentation materials.

**\*By signing your full name and date below, you are indicating that you have read and agree to the terms and conditions of the Presentation Release Form.**

\*Date Presentation Release Signed(00/00/0000 format)

**PHOTOGRAPHY AND PUBLICITY CONSENT RELEASE FORM**

I hereby give the National Organization of State Offices of Rural Health (NOSORH), its employees and its agents permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made in conjunction with NOSORH activities.

I agree that NOSORH has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with NOSORH's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release NOSORH, its employees and its agents from any and all claims which arise out of or are in any way connected with such use.

**\*By signing your full name and date below, you are indicating that you have read and agree to the terms and conditions of the Photography and Publicity Consent Release Form. If you can't sign the Photography and Publicity Consent Release, enter "Declined".**

\*Date Photography and Publicity Consent Release Signed (00/00/0000 format)

If a second speaker will be present, please complete this section.

2nd Speaker's First Name (if applicable)

2nd Speaker's Last Name

2nd Speaker's Organization/Company Name

2nd Speaker's E-mail

2nd Speaker's Phone

2nd Speaker's Title

2nd Speaker Bio: There is a 100 character minimum and a 800 character maximum. Anything over 800 will be deleted.

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**Submission Instruction:**

Upon completion of the form, please click the submit mailbox button at the bottom of this page. When the screen opens for email options, DO NOT select "Use adobe send". Either select the "default email" option or save it to your computer and attach it in an email.

Send a headshot to: [trevorb@nosorh.org](mailto:trevorb@nosorh.org)

Due date is **June 7, 2019**

