

SPEAKER AGREEMENT

Provided by:

*The Society for Radiation Oncology Administrators (SROA)
5272 River Road, Suite 630
Bethesda, MD 20816
301-718-6510 Telephone
SROA@paimgmt.com Email*

1. I agree to present the following program:

- a. Program Title: **“Coordinated Care of Head and Neck Cancer Patients. A case study from Oregon Health & Sciences University”**
- b. Name of Conference: **SROA 30th Anniversary Meeting**
- c. Date: **9/22/2013**
- d. Time: **1:00PM-2:00PM**
- e. City and State: **Atlanta, GA**
- f. The program will cover information/topics requested by SROA and agreed to by me.

2. I agree to comply with all program-related deadlines provided to me by SROA, including but not limited to PowerPoint presentations, A/V requests, etc. **Please submit your PowerPoint presentation to the SROA office by August 16, 2013.**

3. 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 SROA in any way.

4. I agree to notify SROA immediately in the event that an emergency should prevent me from meeting my obligation as a speaker. To the extent possible, I will try to identify a replacement speaker.

5. I grant to SROA a royalty-free license to use, reproduce and distribute my presentation (including PowerPoint presentations and handouts) 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.

6. I provide consent for SROA to post a copy of my PowerPoint presentation on the Members Only section of the SROA website.

7. 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.

8. I authorize SROA to use my name, likeness, photograph, and biographical data in connection with the use and promotion of the program.

9. I understand that SROA will grant me with a discounted registration of \$250 (maximum of 2 presenters per workshop).

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

Speaker Signature

Date

Printed Name

Please fax (**301-656-0989**) or email (rspencer@paimgmt.com) signed agreement by **April 19**.

AUDIOVISUAL REQUEST FORM

Provided by:

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5272 River Road, Suite 630
Bethesda, MD 20816
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Please complete the below audiovisual request for your presentation.

Name/Credentials: Tricia Thompson-Leland

Presentation Title: Coordinated Care of Head and Neck Cancer Patients. A case study from Oregon Health & Sciences University

Presentation Date: 9/22/2013

Presentation Time: 1:00PM-2:00PM

Audiovisual Request

Check appropriate needs and return one copy.

Please indicate equipment (show quantity) you may need for your presentation. *Please be aware that requests made on-site for AV changes may not be honored. In order to keep costs down, we ask that you limit your AV list to only those items necessary to present your lecture.*

The conference room will be equipped with a computer and a computerized projection system for PowerPoint presentations, and a podium with a microphone.

Qty	
_____	Screen (side-by-side____) (opposite sides____)
_____	Laser pointer
_____	White board (erasable) with markers
_____	VCR
_____	Presentation Chart with markers
_____	Lavaliere microphone
_____	Other requirements (please specify)_____

SROA must approve all last minute audiovisual changes. Please let us know as soon as possible if you are aware of any changes, as the equipment may not be available on site.

Rachael Spencer
Society Manager
5272 River Road, Suite 630
Bethesda, MD 20816
Fax: 301-656-0989
Email: rspencer@paimgmt.com