SPEAKER LETTER OF AGREEMENT

Regarding Terms, Conditions, Honorarium and Reimbursement between:

(Please correct contact or other information where necessary)

Return Original As Soon As Possible

Missouri Society of the American College of Osteopathic Family Physicians (MSACOFP) (sponsor) **Pam Cochran (Main Contact)** PO Box 105077 Jefferson City, MO 65110 Office PH: 573-634-4667 Mobile PH: 573-694-7374 FAX: 573-634-5635 Email: pcochran@msacofp.org	**and**	**SPEAKER NAME:** Practice Name: Address: City/State/Zip: Office PH: Mobile PH: **We must a mobile phone in the event of weather or emergency.** FAX: Email:

Title of CME Activity:	**2018 Winter Scientific Seminar**
Location:	The Hilton Garden Inn
Address:	19677 E. Jackson Dr.
City, State, Zip:	Independence, MO 64057 816-350-3000
Date & Time of Presentation:	
Title of Presentation:	

MSACOFP Responsibilities:

- Please select one below regarding the honorarium:
  - ☐ Honorarium in the amount of $500, plus mileage and one night's stay at the group rate at the Hilton Garden Inn if needed. Meals are reimbursed up to $50 per day. Receipts must accompany your expense reimbursement request.
    Address to mail check:_____
  - ☐ Complimentary Registration to the Winter Scientific Seminar in lieu of honorarium and expenses. This option allows you attend and obtain the CME offered at the Winter Scientific Seminar.
  - ☐ I am willing to speak at the Winter Scientific Seminar for mileage and hotel expense only.
  - ☐ I am willing to speak at the Winter Scientific Seminar gratis to support Family Medicine.

- Please note that any honorarium provided by the MSACOFP is taxable to the recipient. Therefore, the MSACOFP is required by the Internal Revenue Service (IRS) to issue a 1099 Misc. to you at the end of this calendar year. **Only if you are receiving an honorarium, please write your social security number here. _____ - _____ - _____.**

- Audio/Visual: MSACOFP will provide presentation materials for attendees online only. If paper handouts are required, the speaker must make copies bring them to the event. MSACOFP will provide: Laptop Computer with presentation pre-loaded, LCD Projector, Screen, Wireless Lavaliere or Podium Microphone, Standing Podium, Remote Control with Laser Pointer. ** If presenter is using a MAC or is presenting using Keynote, please plan to bring your own laptop. **If internet access or other equipment is needed, please write in below:**
  _____

Speaker Agreements:

- Speaker agrees to the above terms and conditions of honoraria and reimbursement.
- Speaker agrees to present an independent educational lecture in accordance with the printed AOA continuing medical education guidelines.
- Speaker agrees to sign and return all documents attached as soon as possible.
- Speaker agrees to inform us of any Audio/Visual equipment or internet requirements other than provided above. NOTE: If speaker is presenting from a MAC computer or using Keynote, you must provide Laptop.
- Speaker agrees to provide a Curriculum Vitae which is due immediately.
- Speaker agrees to return a W-9 if accepting an honorarium.
- **The presenter will make their own hotel reservations if needed**. Please book your room within the contracted group block. The hotel phone is 816-350-3000. Or visit www.msacofp.org and click the hotel reservation link. Make your hotel reservations BEFORE January 10, 2018. Hotel expenses will only be reimbursed at the established group rate of $101.00 plus tax.
- Speaker agrees to provide the PowerPoint, Keynote, or Prezi presentations NO LATER THAN FRIDAY, JANUARY 12, 2018.
- Speaker agrees to live streaming of CME lecture during the conference plus use of recordings of presentation for on-demand CME.

AGREED by Sponsor: Pam Cochran, CMP, Society Coordinator Signature: Pam Cochran Date:_____	**AGREED by Speaker:** Speaker Name: Signature:_____ Date:_____

Speaker Financial Disclosures, Declarations, Permissions

It is the policy of the Missouri Society of the American College of Osteopathic Family Physicians (MSACOFP) to ensure balance, independence, objectivity, and scientific rigor in all of its individually sponsored or jointly sponsored educational programs. All faculty/speakers participating in any MSACOFP sponsored or jointly sponsored programs are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgment about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker's outside interest may reflect a possible bias in either the exposition or the conclusions presented. **Your cooperation in complying with this standard is appreciated. Please sign and date at the bottom of this page.**

CME Program: **2018 Winter Scientific Seminar**
Presentation Date:
Presenter Name:
Presentation Title:

Financial Disclosures - PLEASE CHECK ONE

☐ I have no actual or potential conflict of interest in relation to this program or presentation.

☐ I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation as shown:

Type of Interest/Affiliation	Name of Organization	Type of Interest/Affiliation	Name of Organization
Grant/Research Support	_____	Major Shareholder	_____
Consultant	_____	Other Financial Support	_____
Speaker's Bureau	_____		

Disclosure of Product Research or Unlabeled Uses of Products – PLEASE CHECK ONE:

Speakers must provide presentations that give a balanced view of therapeutic options. Therefore, MSACOFP encourages presenters to use generic names that will contribute to this impartiality. If trade names are to be used during your presentation, those of several companies should be used, versus having only a single supporting company. MSACOFP requires speakers also to disclose any information within their presentations that is considered investigational or products/procedures/techniques that are defined as research and not yet approved for any purpose.

☐ I will be discussing information about a product/procedure/technique that is considered research and is NOT yet approved for any purpose. If this statement is initialed, please identify below the information you will be discussing and context in which you will be discussing the information:_____

☐ I will NOT be discussing any information about a product/procedure/technique that is considered research and is not yet approved for any purpose.

I attest to the accuracy of the above information.

Signature: _____ Date:_____

PRESENTATION SUMMARY

2018 Winter Scientific Seminar
The Hilton Garden Inn, Independence, Missouri

Please complete this form in full and return with your other documents or attach a separate sheet.

Presenter:

Presentation Title:

Learning Objectives of this Presentation

1. _____

2. _____

3. _____

Overall Goal: After this presentation, the lecture participants should be able to

1. _____

CURRICULUM VITAE

2018 Winter Scientific Seminar
The Hilton Garden Inn, Independence, Missouri

Please complete the following information ***OR*** attach your CV to this speaker agreement.

PRESENTER NAME:
EMPLOYMENT:

Current Position/Title: _____

Responsibilities & Accomplishments: _____

_____

Previous Position/Title: _____

Responsibilities & Accomplishments: _____

_____

Previous Position/Title: _____

Responsibilities & Accomplishments: _____

Internship (hospital): _____ Location: _____ Dates: _____

Residency (hospital): _____ Location: _____ Dates: _____

LICENSURE: **Specialty Area:**_____ **Are You Board Certified?** Yes No

If Yes, which Board(s)_____

Other Degrees/Fellowships:_____

EDUCATION:

Undergraduate College: _____ Year: _____

Degrees Awarded: _____

Postgraduate College: _____ Year: _____

Degrees Awarded: _____

Osteopathic or Allopathic Medical College: _____ Year: _____

Degrees Awarded: _____

CIVIC ORGANIZATIONS:

_____ _____

_____ _____

ACADEMIC APPOINTMENTS:

_____ _____

_____ _____

AWARDS:

_____ _____

_____ _____

PUBLICATIONS:

_____ _____

_____ _____