

Date _____

SPEAKER CONTRACT

This represents the formal agreement between the _____ (KDA) and
William J. Moorhead DMD of the Streamlined Practice LLC

Date(s) of Presentation: _____

Time(s) of Presentation: _____

Location: _____

Please print or type the following information.

Speaker's Name:

**William J. Moorhead, DMD
The Streamlined Practice LLC
303 South Main Cross Street
PO Box 474
Flemingsburg, KY 41041
Office: 606-845-2273
Cell: 606-748-0950**

Organization: _____

Name

Address: _____

Street

City

State

Zip Code

Phone Number: (____) _____ **Ext** _____

Email: _____

Website: _____

Honorarium as agreed will be \$_____. The honorarium check will be available on the day of the presentation. The organization will also provide a \$____ per diem expense allowance to cover hotel incidentals, taxis, food and beverage, etc.

Travel (to be reimbursed by the organization) Coach airfare will be scheduled by Dr. Moorhead at least twenty-one (21) days in advance. A copy of the airfare ticket will be faxed or mailed to the organization no less than fifteen (15) days prior to the speaking engagement in order to be reimbursed. It is understood that the organization is not responsible for spouse or guest airfare.

Hotel Room. The organization will arrange for a hotel room for Dr. Moorhead's arrival *on* _____ *and departure on* _____. The organization will be responsible for the "room & tax" only. Incidentals associated with room charges are the sole responsibility of Dr. Moorhead and will be paid at the time of departure.

Type of Room: _____

Arrival Date: _____

Please indicate arrival date if different from above.

Arrival Time: _____

Departure Date: _____

Please indicate departure date if different from above.

*Itinerary will be sent by email after airline reservation is scheduled.

Handouts: ____Yes ____No


All printing for handouts will be paid by the organization. (1) A master copy will be sent no less than forty-five (45) days prior to the speaking engagement. If the handout exceeds 24 back-to-back pages, the organization will have the option of uploading a longer handout to their website and printing a summarized handout if they wish.

____I will arrange for the printing of my own handouts. The Association will

Schedule Conflicts: In consideration for the opportunity to present this program for the organization, Dr. Moorhead agrees not to give a presentation within one hundred miles of the location within a six (6) month period prior to the meeting or three months following the scheduled date of the program without prior approval of the organization.

CANCELLATION: The organization has the right to cancel the program without penalty at any time prior to its presentation if:

- The Speaker does not forward the requested materials by the deadlines specified.
- The Speaker engages in any conduct that contravenes the Principles of Ethics and Code of Professional Conduct or current policies of the ADA or that adversely affects the reputation of the ADA.
- The logistics of the program are such that it cannot be implemented as conceived.
- Not all speakers planned for a multiple-speaker program are willing or able to participate.



If the organization cancels the program without cause the Speaker may seek reimbursement for non-refundable airfare. This agreement will cease and terminate and the Speaker understands that the organization will not be liable to the Speaker for any costs, expenses or damages claimed as a result of such cancellation.

The above conditions are received and agreed to:

Speaker Signature

Date

Organization's Signature

Date

CONFLICT OF INTEREST POLICY & STATEMENT

I, William J. Moorhead, DMD declare that I have no proprietary, financial or other personal interest of any nature or kind in any product, service and/or company that will be discussed or considered during the proposed program except the following:

The Streamlined Practice, LLC, including the following websites:

- www.TheStreamlinedPractice.com
- www.StreamDent.com
- www.StreamDent.net

Furthermore, I understand and agree that as a condition for participating as a speaker, I will exercise particular care that no detriment to the organization will result from conflicts between my interests and those of the organization.

Having read and understood the Association's policy and having completed this statement to the best of my knowledge and belief, I agree to be bound by the terms hereof.

SIGNATURE

DATE

AUDIO/VISUAL REQUIREMENTS

Course Title:

Course Date:

Course Clinician:

Room Set-up

Classroom Style

Theatre Style

Pointer (Check One)

Battery Operated

Electric

LCD Projector

Yes

No

Will Bring My Own

Microphone (Check One)

Standing

Lavalier

Hand Held

Lectern

Screen(s)

1 Number Needed

Size

Lectern (Check One)

Standing

Table

With Light

Location of Screen: Front Center

****Please send an outline of floor plan (room set-up) if available.***

Additional Needs:

SIGNATURE

DATE