

Speaker Information

Conference Location	
Presentation Date	
Presentation Time	
Presentation Title	
Speaker's Name (with credentials)	
Title	
Organization	
Address	
City	
State	
Zip Code	
Phone	
Email	
APIC Member	
CIC Certified	
Years as Infection Preventionist	

Please select CBIC core competency domain(s) addressed:

<input type="checkbox"/> Identification of Infectious Disease Processes	<input type="checkbox"/> Surveillance & Epidemiologic Investigation
<input type="checkbox"/> Employee/Occupational Health	<input type="checkbox"/> Management & Communication
<input type="checkbox"/> Environment of Care	<input type="checkbox"/> Cleaning, Sterilization, Disinfection, Asepsis
<input type="checkbox"/> Preventing/Controlling the Transmission of Infectious Agents	<input type="checkbox"/> Education & Research
<input type="checkbox"/> Other (Please describe)	

Session Objectives (Please list three objectives):

- 1.
- 2.
- 3.

Please provide your primary references for your presentation in APA format:

- 1.
- 2.
- 3.

Speaker Consent

I, **Speaker Name**, accept the invitation to speak at the APIC NC Conference on **Date & Time**. Within the capacity as a speaker, I shall provide certain written materials in advance of the presentation.

I grant permission to APIC NC to utilize provided materials, and to record or capture (audio and/or video recording) my actual presentation for distribution in any manner now known or later developed. APIC NC retains the copy right to the complete set of assets (speaker provided and recorded) and may use or distribute all or portions of the assets for educational purposes in any form of electronic, web or print media following this conference, without limitation as to time, place or manner. APIC NC has the right to license or sublicense assets and to edit, revise and adapt these assets as APIC NC deems appropriate. APIC NC will acknowledge me as the author and presenter of the materials each time the assets are utilized. APIC NC will inform me of their planned use of the assets and will provide one free copy of any product prepared from the assets.

By **DATE**, speaker will submit the following forms to the CNE Nurse Planner
List planner name & email

- ☐ APIC NC Speaker Agreement Form (this form)
- ☐ Conflict of Interest Form

By **DATE**, speaker will submit the following form to the CNE Nurse Planner
List planner name & email

- ☐ PowerPoint presentation
- ☐ Short bio statement/vitae to be used for your introduction at the conference

Handout information: (Please select one)

- ☐ I will submit my handout information by **DATE** for posting on APIC NC website
- ☐ I will supply my own handouts and bring them with me to the conference
- ☐ I will not have any handout material

Audio Visual Information: Projector/screen, laptop, microphone, and lighted pointer will be available. Please bring your presentation on a flash drive even if you have sent it in advance. Indicate any additional AV requirements below:

- ☐ I require movie DVD / sound capabilities
- ☐ Other:

Meals: As a speaker, you are invited to participate in breakfast or lunch.

- ☐ I will participate in breakfast
- ☐ I will participate in lunch

The following reimbursements are available if checked below in the left column.
 Please make your speaker request by checking items in the right column.

Available per Planning Committee	Requested by Speaker
<input type="checkbox"/> Honorarium	<input type="checkbox"/> *Honorarium in the amount of \$
<input type="checkbox"/> Airfare	<input type="checkbox"/> Airfare \$
<input type="checkbox"/> Mileage at Federal Reimbursement Rate	<input type="checkbox"/> IRS 2021 rate of \$0.56 x miles = \$
<input type="checkbox"/> Overnight lodging	<input type="checkbox"/> Overnight lodging \$ /date(s)
<input type="checkbox"/> Meals	<input type="checkbox"/> Meals \$ /specify
<input type="checkbox"/> Conference Registration	<input type="checkbox"/> Conference Registration
<input type="checkbox"/> Other Expenses (<i>Other expenses require pre-approval. Auto rental is not covered unless pre-arranged through the Planning Committee.</i>)	<input type="checkbox"/> Other Expenses (specify) \$

*Speakers who receive an honorarium and/or expenses that total more than \$600 will need to submit an IRS W-9 form. Please reach out to our APIC NC Treasurer for the form or with additional questions; include current Treasurer name & email

I have read and agree to the above terms. Completion of the line below serves as the electronic signature of the individual completing this NC APIC Speaker Agreement Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required)	Date