



MN DMA SPEAKER AGREEMENT

NAME: _____

ADDRESS: _____

WORK #: _____ **HOME #** _____

EMAIL ADDRESS: _____

TITLE OF PROGRAM: _____

TIME OF PRESENTATION: _____ **LENGTH:** _____

CONFERENCE DATES: _____ **LOCATION:** _____

SPEAKER FEE/EXPENSES: _____

HANDOUTS: _____ Will provide my own _____ Will send for duplication by DMA

ITEMS NEEDED FOR PRESENTATION: (Laptops will not be provided)

_____ LCD Projector	_____ Flip Chart & Pens
_____ Slide Projector	_____ Podium
_____ Overhead Projector	_____ Wireless/Lapel Microphone
_____ VCR/TV Monitor	_____ Hand Held Microphone
_____ Screen	_____ Other _____

The fee for equipment ordered but not used will be deducted from the speaker's fee.

LIST EDUCATIONAL OBJECTIVES OF YOUR PRESENTATION:

STATE PREFERRED INTRODUCTION OR ATTACH RESUME:

BRIEFLY LIST EDUCATIONAL CREDENTIALS AND WORK EXPERIENCE (if no resume attached):

SPEAKERS SIGNATURE: _____ **DATE:** _____

MN DMA REPRESENTATIVE: _____ **DATE:** _____