



PAHMA EVENT SPEAKER FORM

Event: **PAHMA Fall Conference**

Date: **October 10-11, 2024**

Location: **Seven Springs Mountain Resort and Convention Center**

777 Waterwheel Drive, Seven Springs, PA 15622 www.7springs.com

Session Day / Time Session Title

Name / Title *(for name badge)*

Name / Title *(for name badge)*

Company

Address

Office # Cell #

Email(s)

Please complete below and return with requirements to info@pahma.org as soon as possible

CHECK AND ATTACH ALL BELOW *(send to info@pahma.org)*

- Your Service Engagement Agreement / Contract
- Completed W-9 form
- Session Description *(detailed session description for marketing)*
- Introductory Bio *(for marketing)*
- Headshot (.jpeg or .png)

YES **NO**

Will you need A/V equipment provided? *List here:*

Will you provide handouts? *(If yes, date final count needed)*

If NO to above, will a PDF of materials/handouts be available for PAHMA to provide?

Will you attend THURSDAY LUNCH Buffet? *If Yes, 1 or 2 Representatives?* _____

Will you attend THURSDAY DINNER Buffet? *If Yes, 1 or 2 Representatives?* _____

Will you attend FRIDAY BREAKFAST Buffet? *If Yes, 1 or 2 Representatives?* _____

Will you need PAHMA to book a hotel room? *If so, Check-in date:* _____ *Check-out date:* _____

Special Needs / Other

PAHMA USE: Submitted by PAHMA Board Member/Contact: _____

Contract signed: Yes _____ Contract Price/Notes: _____ Date executed: _____

W-9 Received: Yes _____ Date Rec'd: _____ Bio Rec'd: Yes _____ Date Rec'd: _____

Handouts printed by: Speaker _____ PAHMA _____ (Date .pdf file received: _____)