



NMSA Presenter Agreement

Presenter: _____

Control Number: _____ (please refer to this number on all correspondence with NMSA)

Session Title: _____

**This form must be returned
no later than June 30, 2009.
Fax to: (614) 895-4750**

Please check one:

- Yes, I agree to present at the NMSA Conference in Indianapolis, Indiana.
- No, I am unable to present, but _____ will be replacing me as presenter.
- No, I am unable to present, please cancel this session.

Signature _____ Date _____

If, at a later date, you are unable to present your session or this session must be cancelled, please notify Douglas Herlensky at dherlensky@nmsa.org

NMSA would like to provide conference attendees with a CD-ROM or a USB Flash drive with all session handouts in PDF format. Handouts submitted for inclusion must be reviewed and approved by NMSA Directors and staff. If a sponsor can be found, this will be provided at no charge. If no sponsor is found, the handouts will not be provided.

I authorize NMSA to make electronic copies of my handout and to provide them to conference attendees. I represent and warrant that all materials contained in my handout constitute original work and do not violate any copyrights or any other intellectual property rights. I transfer and assign to NMSA the right to reproduce such work both separately and as a part of a compilation of similar outlines to be distributed in an electronic format at NMSA's annual conference to be held on November 5 – 7, 2009 in Indianapolis, Indiana.

Yes, I would like my handouts to be included on the handout CD-ROM or USB flash drive. _____ (initial here)

Signature: _____ Date: _____

If you agree, we will contact you regarding deadlines and how to submit handouts.

NOTE: you will still need to provide hard copies of whatever handouts will be needed for use in your session. Also, NMSA will notify all presenters at a later date about the status of finding a sponsor for this project.

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Main/Contact Presenter

Please complete this section **ONLY** if you wish to make changes to the information on the NMSA Presenter Agreement form.

Mailing Address Information (All correspondence, including summer mailings, will be forwarded to this address.)

Organization: _____

Address: _____

City, State Zip: _____

Country: _____

Work Phone: _____

Fax: _____

Home Phone: _____

Email: _____

Program Book Information

(This information will appear in the conference program book)

Organization: _____

Work Address: _____

City, State Zip: _____

Country: _____

Work Phone: _____

Fax: _____

Email: _____

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Co-Presenters

Co-Presenter 1: _____

Mailing Address: Work Home

Organization: _____

Address: _____

City, State Zip: _____

Country: _____

Work Phone: _____

Fax: _____

Home Phone: _____

Email: _____

Co-Presenter 2: _____

Mailing Address: Work Home

Organization: _____

Address: _____

City, State Zip: _____

Country: _____

Work Phone: _____

Fax: _____

Home Phone: _____

Email: _____

Co-Presenter 3: _____

Mailing Address: Work Home

Organization: _____

Address: _____

City, State Zip: _____

Country: _____

Work Phone: _____

Fax: _____

Home Phone: _____

Email: _____

Co-Presenter 4: _____

Mailing Address: Work Home

Organization: _____

Address: _____

City, State Zip: _____

Country: _____

Work Phone: _____

Fax: _____

Home Phone: _____

Email: _____

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Please attach a sheet for additional co-presenters. Note: Co-Presenters will be sent a registration packet after this form has been processed. The co-presenters must wait for their registration packet to register at the presenter rate.