



UTAH ASSOCIATION MEDICAL STAFF SERVICES

Speaker Application

UAMSS Quarterly Session or Conference

Please note: UAMSS is a not-for-profit organization with a limited budget. We value quality and relatable content for our members, but volunteer and limited fee speakers are given preferential review. Submitting a request to speak does not guarantee that your proposal will be accepted.

Speaker Name: _____ Contact Phone: _____

Contact Email: _____

Are you a UAMSS Member? Yes No

Are you CPCS or CPMSM Certified? CPCS CPMSM Neither

Topic:

- Direct Credentialing Certification (CPCS/CPMSM)
 Office Engagement Personal Growth

Presentation Title: _____

Anticipated Length of Presentation: 1 Hour 2Hour Other _____

Brief Summary of Presentation:

Brief Personal Bio:

Fees:

Are you a volunteer speaker? Yes No

If no, what is your base speaking fee? _____

Will you require additional fees?

Lodging Airfare Other _____

Your total anticipated fee: _____

Handouts and Setup:

Will you require any of the following?

A/V Access Internet Access Computer/Laptop Other _____

Will you have handouts? Yes No

Please provide handouts at least 1 week prior to the scheduled event to allow the UAMSS board time to print and prepare them.

Will your presentation be available to UAMSS to be distributed on the UAMSS website? Yes No Yes, with conditions _____

Other information we need to know?

Signature: _____ Date: _____