

Being that the Ohio Association of Emergency medical Services is a Not For Profit organization, it shall be understood that you, as a speaker are volunteering your time and talents to our association. However, if you require reimbursement for your services, please list below what those requirements are and we will contact you to discuss your needs. Please sign and date the packet and return it to:

**Pat Roberts**  
**Vice Pres. - OAEMS**  
**4033 Springfield – Xenia Road**  
**Springfield, Ohio 45506**

**-or-**

**Scan and E-mail completed packet to:**  
**[PMEDICPAT@AOL.COM](mailto:PMEDICPAT@AOL.COM)**

(If E-mailed, you are asked to bring the signed original to the conference for our records in the event of an audit)

If you are being sponsored by an organization or company and they are covering all costs associated with your appearance, please state the name of the organization or company, a contact person and the phone number of the contact person on the space provided below. If you do not know the specific contact person, please indicate that as well. If funding was secured by the Ohio Association of Emergency medical Services, on your behalf, then leave the below area blank and we will fill it in.

**Primary Sponsor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:(\_\_\_\_\_)** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Additional Sponsor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:(\_\_\_\_\_)** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Speaker's Name (please print):** \_\_\_\_\_

**Speaker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Audio / Visual Equipment Needs**

Please indicate what, if any, audio / visual aids you will need for your presentation on \_\_\_\_\_ for \_\_\_\_\_:  
(Date) (Topic)

SLIDE PROJECTOR(S)	_____ Yes	_____ No	_____ Quantity
MOVIE PROJECTOR(S)	_____ Yes	_____ No	_____ Quantity
SCREEN(S)	_____ Yes	_____ No	_____ Quantity
HAND HELD MIC(S)	_____ Yes	_____ No	_____ Quantity
LAPEL MIC(S)	_____ Yes	_____ No	_____ Quantity

HAND OUTS: Please return a master copy, we will reproduce them and have them at the conference for you

Other (s) (specify):	_____	_____ Quantity
	_____	_____ Quantity
	_____	_____ Quantity

**PLEASE NOTE**

Since we are a not for profit organization, the following items are cost prohibitive and may not be available for your use. We will make every effort to secure these items, but cannot guarantee their availability. We apologize for this inconvenience.

**VCR / DVD/ CD Player(s)**  
**Televisions(s)**  
**Computer(s)**  
**Laser Pointer(s)**

May we contact you for future conferences: Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', are there other topics / subjects you would feel comfortable speaking on? Please list:

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## The OHIO ASSOCIATION of EMERGENCY MEDICAL SERVICES

### Speaker Information Packet

(Additional Packets are available at [WWW.OAEMS.Org](http://WWW.OAEMS.Org) @ the Vice President's Page)

**The following information concerning your presentation is needed to provide C. E. U.'s for the conference attendees. Portions of the information are used to properly identify you in the course brochure as well. Please complete and return the following information at your earliest possible convenience.**

#### Please Print or Type

Speaker's Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City, state, Zip Code: \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Other Phone # (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ W\_\_ C\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Position: \_\_\_\_\_

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