



SPEAKER AGREEMENT

This agreement is between the APTA Academy of Pediatric Physical Therapy and the following individuals who will develop and present educational content on behalf of APTA Pediatrics:

Speaker Name(s):

Session Title:

Course:

Date(s):

It is the responsibility of the lead speaker to complete this Speaker Agreement. The lead speaker is responsible for sharing this information with any co-speakers.

I (and my fellow speakers) agree to present the above-titled educational session on the dates indicated on behalf of APTA Pediatrics and agree to the following TERMS:

- ☐ A speaker honorarium at the rate of \$100 per hour of speaking (pro-rated to \$50/hour for up to 2 speakers); additional speakers will not receive honorarium.
- ☐ If presenting in person, APTA Pediatrics will cover up to \$500 for travel expenses with receipts and will book up to 3 nights for up to 2 speakers at the Conference host hotel. It is the responsibility of the speaker to notify the course committee chair if fewer than 3 nights are needed. If additional coverage is necessary, it must be requested and approved by the course committee chair. Travel advances are not permitted.
- ☐ Speakers will be offered a 50% discount off registration (in-person or on-demand) for up to 5 speakers. If presenting in person, speakers are encouraged to stay for the full course, if possible, to network with participants and enable attendees to engage with you as an expert and mentor.

NOTE: If you wish to split speaker benefits among additional speakers, please arrange to reimburse each other outside of the APTA Pediatrics reimbursement process.

- ☐ Adhere to all requirements outlined in the APTA Pediatrics Speaker Toolkit.
- ☐ Meet all deadlines for speaker tasks (eg, submission of handouts, recordings, etc); failure to meet speaker deadlines will result in forfeiture of speaker honorarium and could result in session cancellation.
- ☐ Present during the day and time assigned to my session.
- ☐ Consent to being photographed, including the potential use for advertising and publicity purposes; the term "photograph" as used herein encompasses both still photographs and motion picture footage.
- ☐ Share your headshot, speaker bio, and/or course materials, and verify that such materials are your own original work; do not violate any copyright or other proprietary rights of others; are to the best of your knowledge factually accurate and contains no libelous matter; and that you grant APTA Pediatrics the right to share these materials with course registrants. (This assignment of rights will specifically not prevent you from presenting or publishing the same speech or using portions thereof as you choose.)

- ☐ If you have presented this session or any course similar in content independently or with other agencies in the past 2 months, or if you plan to present it in the next 2 months, please let us know when and where the presentation occurred: _____

Process for payment of honorarium and travel reimbursement:

- a. *For in-person sessions*, speakers will be paid their honorarium upon receipt of the completed Travel and Expense Reimbursement Form and receipts, which must be received within 30 days of the course.
- b. *For on-demand sessions*, speakers will be paid their honorarium within 30 days of the course.

Information for Lead Speaker:

Name of FIRST person who will receive honorarium and hotel benefits:

Email of FIRST person who will receive honorarium and hotel benefits:

If the lead speaker wishes to donate/decline the honorarium, please indicate below:

- ☐ Donate honorarium to APTA Pediatrics - to support our mission of *Bringing people together to advance excellence in pediatric physical therapy* and our vision of *A world where every child can experience a fulfilling life*.
- ☐ Donate honorarium to the Foundation for Physical Therapy Research's Pediatric Fund - to support pediatric research grants through the Foundation.
- ☐ Decline speaker honorarium.

Information for Second Speaker (if applicable):

Name of SECOND person who will receive honorarium and hotel benefits:

Email of SECOND person who will receive honorarium and hotel benefits:

If the second speaker wishes to donate/decline the honorarium, please indicate below:

- ☐ Donate honorarium to APTA Pediatrics - to support our mission of *Bringing people together to advance excellence in pediatric physical therapy* and our vision of *A world where every child can experience a fulfilling life*.
- ☐ Donate honorarium to the Foundation for Physical Therapy Research's Pediatric Fund - to support pediatric research grants through the Foundation.
- ☐ Decline speaker honorarium.

Lead Speaker Name (Printed):

Lead Speaker Signature:

Date:

Please return this completed Speaker Agreement to the Course Committee Chair, with a copy to executivedirector@pediatricapta.org, by the deadline indicated by the Course Committee Chair.