Speaker Profile for Consideration

The HLAMA/RI Program Committee is responsible for the selection of appropriate speakers and topics to ensure both are relevant to the target audience. The topic and complete presentation must be of importance to medical practice management staff and should be delivered within a specified timeframe. If you wish to be considered, we ask that you submit the Speaker Profile for Consideration. You can return your profile via email to our Executive Director at info@hlamari.org.

Presenter Information

Speaker Name: _____

Job Title: _____

Organization: _____

Address: _____

_____

Email: _____

Business Number: _____

Cell Number: _____

Speaker Bio:

Please provide us with two references or evaluations from previous speaking engagements:

Speaking Reference 1: _____

Speaking Reference 2: _____

Please list three previous speaking engagements including the topic, year of the presentation and the number of individuals in attendance:

Engagement 1:

Engagement 2:

Engagement 3:

Presentation Information

Type of speaking engagement you are interested in: ____Webinar

                                                            ____Quarterly Seminar

                                                            ____Annual Conference Break Out Session

                                                            ____Annual Conference Keynote

Presentation Title: _____

Length of presentation: _____

Presentation Domain: ____Financial Management

                                                  ____Human Resource Management

                                                  ____Business Operations

                                                  ____Information Management

                                                  ____Risk Management

                                                  ____Organizational Governance

                                                  ____Quality Management

                                                  ____Patient Care Systems

Target audience: ____Level I – Operations, billing, coding, and reimbursement staff

                          ____Level II – Supervisors and managers

                          ____Level III – Executive staff and physicians

Session Description:

Session Objectives:

Are there any fees associated with the presentation: ____Yes   ____No

The fee for this presentation is: $_____

Note: If approved, HLAMA/RI will submit a Speaker Agreement for signature which will contain all the Terms associated with the speaking engagement.

*This form should be completed for consideration to speak with HLAMA/RI. This is not a guarantee of a speaking engagement. All submissions are reviewed by the Program Committee and acceptance is determined according to subject matter, event need and date of submission.