



# SPEAKER APPLICATION

CHICAGO | TINLEY PARK CONVENTION CENTER | OCTOBER 26-27, 2019

ENHANCE YOUR SHOW PRESENCE AT THE TRINITY HEALTH FREEDOM EXPO BY HOLDING YOUR VERY OWN SPEAKER SESSION EDUCATING POTENTIAL CUSTOMERS ABOUT YOUR PRODUCTS. LIMIT 1 SESSION PER BOOTH RESERVED. FOR QUESTIONS, PLEASE CALL US AT 1-888-658-3976 OR EMAIL EVENTS@TRINITYHEALTHFREEDOMEXPO.COM.

## 1. SPEAKER REGISTRATION

PROPOSED TITLE \_\_\_\_\_

PROPOSED BRIEF SUMMARY (30 WORDS OR LESS) \_\_\_\_\_

PROPOSED PRODUCTS/SERVICE (IF ANY WILL BE ADVERTISED/PROMOTED DURING LECTURE) \_\_\_\_\_

SPEAKER BIO (30 WORDS OR LESS) \_\_\_\_\_

EQUIPMENT NEEDED  SCREEN |  VIDEO PROJECTOR |  LAPTOP |  OTHER \_\_\_\_\_

SPEAKER NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

PLEASE SEND HI-RES (300 DPI) SPEAKER PHOTO TO: EVENTS@TRINITYHEALTHFREEDOMEXPO.COM

## 2. PAYMENT INFORMATION

### TYPE OF PAYMENT

PAYMENT AMOUNT \$250 CHECK# \_\_\_\_\_

CREDIT CARD  VISA |  MC |  AMEX |  DISCOVER

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ CVC# \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

### BILLING ADDRESS

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ANY COMPANY PRESENTING FALSE, MISLEADING OR DISPARAGING INFORMATION ABOUT PRODUCTS OR COMPANIES MAY BE SUBJECT TO CANCELLATION WITHOUT REFUND. ANY COMPANY MAKING CLAIMS ABOUT PRODUCTS OR DISPENSING LITERATURE THAT CANNOT BE SUBSTANTIATED WITH SIGNIFICANT SCIENTIFIC DATA MAY BE SUBJECT TO CANCELLATION WITHOUT REFUND. SPEAKER REGISTRATION FORMS WILL BE PROCESSED IN THE ORDER RECEIVED. CANCELLATION REFUNDS WILL BE ISSUED ONLY IF ALL SPEAKER SESSIONS ARE SOLD.

SPEAKER ACCEPTANCE: SIGNING THIS DOCUMENT CONSTITUTES A BINDING LEGAL AGREEMENT. SPEAKER AGREES THAT UPON ACCEPTANCE OF THIS CONTRACT BY TRINITY HEALTH FREEDOM EXPO, WITH OR WITHOUT APPROPRIATE PAYMENT, THIS CONTRACT SHALL BECOME A LEGALLY BINDING CONTRACT. THE INDIVIDUAL SIGNING THIS DOCUMENT REPRESENTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS BINDING CONTRACT ON BEHALF OF THE SPEAKER. BY SIGNING THIS AGREEMENT, SPEAKER AGREES TO ABIDE BY ALL THE TERMS OF THIS CONTRACT, AS WELL AS THE RULES AND REGULATIONS SET FORTH ON THE EXHIBITOR APPLICATION, AND THE TRINITY POLICIES IN EFFECT TO THE SPEAKER IN WRITING.

SPEAKER AUTHORIZING INITIALS: \_\_\_\_\_

ACCEPTANCE OF APPLICATION: TRINITY HEALTH FREEDOM EXPO WILL REVIEW ALL APPLICATIONS AND WILL NOTIFY SPEAKER APPLICANTS IN WRITING (POSTAL SERVICE, FAX, OR EMAIL) WHETHER OR NOT HIS/HER APPLICATION WAS APPROVED. IF THE APPLICATION IS APPROVED, THE LETTER OF NOTIFICATION WILL INCLUDE THE RESERVED SPEAKING TIME AND DATE FOR THE APPLICANT. IF AN APPLICATION IS DENIED, TRINITY HEALTH FREEDOM EXPO RESERVES THE RIGHT TO WITHHOLD ANY INFORMATION PERTINENT TO THE DECISION MAKING PROCESS AND CONCLUSION.

**CANCELLATION POLICY:** ALL CONTRACT CANCELLATIONS BY A SPEAKER MUST BE MADE IN WRITING AND WILL BE SUBJECT TO 50-100% CANCELLATION FEE. IF A SPEAKER CANCELS THE CONTRACT 3 MONTHS OR MORE PRIOR TO THE EVENT, A 50% CANCELLATION PENALTY FEE WILL APPLY. ANY SPEAKER CANCELING WITHIN 90 DAYS OF THE EVENT WILL NOT RECEIVE A REFUND.

## 3. SPEAKER REGISTRATION

**INCLUDES: DOOR SIGN - PROMOTION IN EVENT MAILINGS - SPECIAL LISTING IN EXPO PROGRAM GUIDE**

TIME SLOTS ARE ASSIGNED ON A FIRST-COME/FIRST-SERVE BASIS. YOU MAY REQUEST A SPECIFIC TIME SLOT BUT THERE ARE NO GUARANTEES ON AVAILABILITY.

PREFERENCE	DAY	COST
	SATURDAY, (10-26-2019) 10 A.M. TO 5 P.M.	\$250 PER 45 MINUTE TIME SLOT
	SUNDAY, (10-27-2019) 10 A.M. TO 3 P.M.	