



401 Kings Hwy. Winona Lake, IN 46590
 www.healthfreedomexpo.com website
 1.888.658.EXPO phone
 1.574.268.2120 fax
 Email: info@healthfreedomexpo.com

Speaker Agreement

Enhance your show presence at the Health Freedom Expo by holding your very own speaker session educating potential customers about your products. **Limit 1 session per booth reserved.** Sessions may run concurrently on the hour for the following schedule:

Qty.	Day	Cost: \$250.00 per 45 minute time slot
	Friday, btw. 10 am to 5 pm	\$
	Saturday, btw. 10 am to 5 pm	\$
	Sunday, btw. 10 am to 3 pm	\$
Grand Total:		\$

✓	Expo at which to speak
	Long Beach, CA.....March 2-4, 2012
	Chicago, IL.....June 15-17, 2012

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.

Speaker Registration Includes:

- Door sign
- Promotion in HFE attendee mailings
- Special listing in the schedule portion of the Expo Program

Proposed Title: _____ Proposed brief summary of lecture (25-30 words): _____

Proposed product/services, if any, that will be promoted or advertised during lecture: _____

Speaker Bio (25-30 words): _____

Equipment Needs: screen | video projector | laptop | overhead | other: _____

Speaker Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____

Yes No — Photo of Speaker Enclosed with Registration: (or photo may be emailed to speakers@healthfreedomexpo.com; photos must be high resolution at 300 dpi)

Method of payment:

Visa MC AMEX Discover

Card# _____ Exp _____ CVC# _____

Name on card: _____

Billing address if different than above:

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

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 HFE, 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 HFE expo policies in effect to the speaker in writing.

Speaker authorizing initials: _____

Acceptance of Application: HFE 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, HFE 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.

FOR INTERNAL USE ONLY

Accepted by _____ Total Amount Due \$ _____ Date Deposit Rec'd. _____ Deposit Amt \$ _____ Customer # _____ Ck. # _____



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Speaker's Release & Consent Form

By participating as a seminar speaker, except where prohibited by law, I grant the Sponsor (the Health Freedom Expo), Sponsor's designee and their affiliated companies the right to use the speaker's name, likeness, picture, portrait, hometown, voice, biographical information and written submissions and written or oral statements, for educational, advertising and promotional purposes without additional compensation unless required by law. My contributions during the entirety of each Health Freedom Expo seminar/workshop I present from the below date of signing until this agreement is revoked in writing and received by the Health Freedom Expo.

Conditions:

1. I assign to the Health Freedom Expo the rights to use my personal contribution in all media now known or which may be developed in the future provided this use shall be only in relation to the Health Freedom Expo seminar/workshop developed directly from it. I reserve copyright and all other rights on my own contribution in relation to all other uses.
2. I acknowledge the copyright and all other rights of the Health Freedom Expo in its contribution in this engagement, as well as the copyright and rights of all other contributors.
3. My contributions or any future use I make of them will not infringe copyright or similar rights nor bring the Health Freedom Expo into disrepute or be defamatory.
5. This agreement shall be interpreted in accordance with the Laws of The United States of America and I submit to the jurisdiction of the United States of America.

Signature

Date

Printed Name