

July 27, 2012

Joel Greenberg
The Health Law Partners, P.C.
590 Madison Avenue, 18th Floor
New York, NY 10022

Dear Joel,

Thank you for agreeing to present to the National CPA Health Care Advisors Association (HCAA) members. This letter is to confirm the arrangements between you and HCAA for our 2012 Fall Conference in Alexandria, VA October 24-26.

You have agreed to make the following presentation.

- **Run. Improve. Grow.**
Friday, October 26th from 9:00 – 10:40am

We agree to provide the following.

- Travel Expenses Approved by HCAA
 - *Air Transportation: Up to \$500*
- One room night at the Westin Alexandria

Please sign below confirming your understanding of these arrangements and return to me at your earliest convenience. Please also sign the following page "Speaker Roles & Responsibilities". I will be in communication with you regarding deadlines for materials and other conference details closer to the event. If you have any questions in the mean time, please feel free to contact me at (615) 373-9880.

We look forward to having you at our 2012 Fall Conference.

Confirmed by:

Joel Greenberg



Joe Fleenor
The Rainmaker Alliances / HCAA

Date _____

Date 7/27/12

SPEAKER ROLES & RESPONSIBILITIES

By accepting the speaking engagement, you agree to the following responsibilities and guidelines:

- To create and submit a session description along with your bio and picture by the designated deadline.
- To prepare for the presentation to meet all learning objectives set by The APA and the planning committee members.
- To submit presentation materials, handouts, additional materials, etc. by the designated deadline so that attendees may access the materials electronically prior to the conference.
- To refrain from advertising or soliciting business in both the conference presentation and support materials.
- To be present 30 minutes prior to your presentation for adequate preparation time (projector set up, practice introduction, etc.).
- To perform your session in a professional manner. The APA will not tolerate foul language, derogatory comments or discriminatory comments based on race, sex, age or religion.
- To adhere to all copyright laws and supply original work unless written consent is obtained from the publisher and owner of the material to reprint and distribute.

I have read the above outlined roles and responsibilities and agree to perform them to the best of my ability.

Signed: _____

Print Name: _____

Date: _____



REQUIRED SPEAKER FORM

Fax or email to: **Joe Fleenor** at 615-377-7092 or
JoeFleenor@TheRainmakerCompanies.com

Due date: August 16, 2012

Conference: **HCAA Fall Conference 2012**

Part I: PERSONAL INFORMATION	
Last Name: _____	First: _____
Nickname for badge: _____	Firm: _____
Address: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone: _____
Is this your first time presenting on this topic? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Part II: MATERIAL RELEASE	
The following gives HCAA permission to place your materials within the Members Only portion of the HCAA website for future reference by our members.	
Do you grant HCAA and its designees permission to ...:	
Yes or No reproduce materials that support your conference presentation for distribution to conference attendees (including hard copy and/or website where applicable)?	
<i>Note: This release, in no way, inhibits your ("The Speaker's") ability to use your materials in any way.</i>	
Signature Required: _____	

Part III: HOTEL RESERVATION REQUIREMENTS	
Arrival Date: _____	Departure Date: _____
<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking <input type="checkbox"/> Special Request _____	
* HCAA will pay for one night (room and tax only) at the Westin Alexandria.	

Part IV: AUDIOVISUAL & EQUIPMENT REQUIREMENTS	
AN LCD PROJECTOR, WIRELESS LAVALIERE MICROPHONE (if amplification is needed) AND TABLE FOR NOTES WILL BE PROVIDED. *Please note: YOU WILL NEED TO BRING YOUR OWN COMPUTER WITH PRESENTATION(S) LOADED. If you require additional equipment, please check all that apply:	
<input type="checkbox"/> I will NOT be using an LCD projector for my presentation	
<input type="checkbox"/> VCR	
<input type="checkbox"/> DVD Player	
<input type="checkbox"/> Flipchart & markers	
<input type="checkbox"/> Other, please specify _____	