|  |  |
| --- | --- |
| Session Information |  |
| Session Name |  |
| Date *(to be filled out by AAHE)* |  |
| Start Time *(to be filled out by AAHE)* |  |
| End Time *(to be filled out by AAHE)* |  |
| Session Full Description |  |
| Session Objectives *(minimum of 2 objectives)* | Objective 1:  Objective 2:  Objective 3: |
|  |  |
| Speaker Information |  |
| First Name (First and Last) |  |
| Designation (ex CHFM, PE, CHC, PHD, etc) |  |
| Title |  |
| Company |  |
| City & State |  |
| Speaker Biography |  |
| Email Address |  |
| Cell Phone |  |
| Speaker Fee *(if any)* |  |
| Travel Fees *(flight, rental car, etc)\** |  |
| Arrival Date |  |
| Departure Date |  |
| Hotel Fees *(if any)\*\** |  |
| Conference Meals *(if any)* |  |
| Any other relevant information |  |

\*Travel Fees (speaker will submit any travel fees for reimbursement to AHA within 30 days following the conference)

\*\*AHA will book hotel for speakers **ONLY IF** the conference is being hosted at a hotel. If not, the speaker will submit hotel fees to AHA for reimbursement.