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| 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.