



Children, Young People and Families

A specialist section of College of Occupational Therapists



Speaker Contract for Study Day (Form B)

Title of event:	
Date of event:	
Name of speaker:	
Event Organiser	
Speakers National Insurance Number:	

I agree to speak on the above study day and accept the following conditions: *(please tick to indicate you agree)*

- I will be paid a fee of £ ____ for my presentation
- I will be responsible for providing my own presentation, although photocopies for delegates will be arranged by the key worker
- I will provide a copy of my presentation to the key worker via e-mail one week before I am due to give my talk
- I will indicate what media I will require for my presentation e.g. PowerPoint or OHP by the same date
- I understand that I have been allocated ____ minutes for my presentation and will leave sufficient time for questions after this
- Objectives for my talk include the following:
 - 1.
 - 2.
 - 3.

Signed:	
Print Name:	
Date:	

