

Voluntary Benefits & Limited Medical Conference

VoluntaryBenefitsMagazine.com

VBA Voluntary Benefits Association

CALL FOR SPEAKERS FOR VOLUNTARY BENEFITS & LIMITED MEDICAL CONFERENCE

Deadline for Call for Speakers Proposals is May 15, 2010

We would like to invite you to participate in the 2nd Annual National Voluntary Benefits & Limited Medical Conference, which will be held from September 20th-22nd, 2010 at the Hyatt Regency Century Plaza, Los Angeles, California.

Please submit your speaking/presentation ideas.

Submission Guidelines

Submit your call for a speaker or presentation to: info@voluntarybenefitsconference.com. All submissions must be in Microsoft Word format. Include the contact information for all the proposed speaker or speakers on the first page of the document. You will receive an email containing an acceptance or rejection letter within 90 business days.

Speakers Fees:

The conference does not reimburse speakers for any travel expenses. If you are submitting a call for speakers/presentations you are solely responsible for all of your travel expenses, and registering for the conference. The Voluntary Benefits & Limited Medical Conference brings together decision makers from around the world and everyone contributes their time and resources to help make the conference a success. Please note that no speakers, presenters or panelists are paid to attend, including keynote speakers. All speakers pay full registration fees, travel expenses and accommodations. Only in rare cases are a speakers fees waived.

Self Promotion:

Speakers, presenters and panelists have been asked to refrain from promoting themselves and their businesses during presentations. While we do understand that at times it may be necessary for a presenter to refer to his or her business by name, promotional efforts of any kind are considered a serious breach of the spirit of the conference.

Conference Fees and Hotel Accommodation:

We encourage you to stay at the Conference hotel, the Hyatt Regency Century Plaza. Please call the hotel directly at 310-228-1234 and ask for the Employer Healthcare Congress rate of \$239 per night. You can register online at www.voluntarybenefitsconference.com

Recommend a Panel Session

The panel sessions should consist of 3 or 4 presenters and a moderator and are 45 minutes in length. In an effort to ensure diverse participation on the panels, the presenters should represent different organizations. We recommend that the moderator be a representative from the organization that is taking the lead in forming the panel.

SPEAKER SUBMISSION COMPONENTS

A complete preformed panel submission will consist of 4 components:

1. A cover sheet for the proposed panel

You will be asked to provide the following information on the cover sheet: panel title, key issue(s), panel description, the presenter name, organization, and abstract title for each of the 3 or 4 proposed presentations, and the contact person's name, organization, email address, and telephone number.

In addition, you must answer the below 2 questions relating to processing the preformed panel:

Question #1: **Can changes be made to the preformed panel presentations?**

YES, you may make changes to the panel.

NO, DO NOT make changes to the panel.

You choose not to present the panel if all if any changes are to be made.

Question #2: **Who will notify a presenter whose presentation was not accepted?**

The Voluntary Benefits and Limited Medical Conference will first communicate the status of the panel and the individual speakers to the designated contact person.

The Voluntary Benefits and Limited Medical Conference will communicate directly with speakers.

The contact person will be responsible for communicating with the speakers in their panel submission who were not accepted.

2. The contact information for each of the 3 or 4 presenters and the moderator
3. An individual abstract for each of the 3 or 4 presentations
4. A brief biography for each of the 3 or 4 presenters

ONLINE SUBMISSION

The preformed panel cover sheet with the above information and individual abstracts must be submitted via email. Email your online submission for call for speakers/presentations to info@voluntarybenefitsconference.com

REVIEW PROCESS

The preformed panel will be submitted to the Review Committee. The panel topic (and description) will be evaluated by the Review Committee. A panel proposal will be accepted or not accepted for presentation based on the individual reviews and the panel topic reviews.

Based on the decisions of this committee, the contact person will first be informed of the status of each submission and the panel itself. The presenters will be notified after, either by the Review Committee or the designated contact person as per the above selection.

POSSIBLE OUTCOMES

Please be aware that the Review Committee will make the final decision on the status of the individual abstracts and of the whole panel.

If the contact person indicates on the cover sheet that the panel may be considered with modifications (i.e., *YES, you may make changes to the panel*), then the possible outcomes are:

1. The panel is accepted as proposed (i.e., the panel topic and all 3 or 4 abstracts were accepted for presentation).
2. The panel is accepted with changes. The panel topic was accepted for presentation, but one or more of the abstracts were not accepted for presentation and were therefore replaced with other accepted abstracts.
3. The panel is not accepted, but one or more of the speakers were accepted for presentation. A speaker may be accepted for presentation on a different panel, or as a roundtable.
4. The panel is not accepted and none of the speakers are accepted for presentation.

If the contact person indicates on the cover sheet that the panel should be considered ONLY as proposed (i.e., *DO NOT make changes to the panel*), then the possible outcomes are:

1. The panel is accepted as proposed.
2. The panel is not accepted as proposed.

NOTIFICATION, CONFIRMATION & REGISTRATION

The contact person will be advised if the panel and its speakers have been accepted via an email notification letter sent out by July 15, 2010.

The speakers with accepted presentations will also be notified by July 15, 2010.

If the Review Council will be notifying those whose presentations or papers were not accepted, then they will also be notified by July 15, 2010.

If the contact person will be notifying those whose speakers were not accepted, we ask that the contact person do so in a timely manner.

CALL FOR SPEAKERS/PRESENTATIONS

Contact Information Form

Name: _____

Company/Institution: _____

Address: _____

City: _____

State/Country: _____

Zip Code: _____

Phone: _____

Email: _____

Title of Paper/Presentation: _____

Description of Paper/Panel Session: _____

Please list all Speakers and there Organizations:

Speaker 1: _____

Speaker 2: _____

Speaker 3: _____

Speaker 4: _____

Key Health Issues: _____

Question #1: Can changes be made to the preformed panel presentations?

___ *YES, you may make changes to the panel.*

___ *NO, DO NOT make changes to the panel.*

You choose not to present the panel if all if any changes are to be made.

Question #2: Who will notify a presenter whose presentation was not accepted?

The Voluntary Benefits and Limited Medical Conference will first communicate the status of the panel and the individual speakers to the designated contact person.

___ The Voluntary Benefits and Limited Medical Conference will communicate directly with speakers.

___ The contact person will be responsible for communicating with the speakers in their panel submission who were not accepted.

Important Attachments:

- The contact information for each of the 3 or 4 presenters and the moderator
- An individual abstract for each of the 3 or 4 presentations
- A brief biography for each of the 3 or 4 presenters
- This form filled out completely and signed

Agreement:

Party understands that Voluntary Benefits and Limited Medical Conference may, at its sole discretion, produce presentations or publications based in whole or in part upon the seminar (or any portions thereof) and/or video or audio recordings or photographs of that seminar, and that such presentations or publications may appear in print, online, or in any manner or media, including but not limited to promotional or marketing materials for future Voluntary Benefits and Limited Medical Conference sponsored or endorsed events. This Agreement shall be effective as of the date first written below and will apply to all rebroadcasts and subsequent use of the Recordings by the Released Parties. All parties hereby irrevocably agree that this Agreement shall be governed by the laws of the State of Florida, of the United States of America, and the venue for any and all legal actions brought under this Agreement shall be the courts for the Palm Beach County, Florida. If any provision of this Agreement is found by a proper authority to be unenforceable or invalid such unenforceability or invalidity shall not render this Agreement unenforceable or invalid as a whole and in such event, such provision shall be changed and interpreted so as to best accomplish the objectives of such unenforceable or invalid provision within the limits of applicable law.

I have carefully read and voluntarily signed this agreement and I fully understand its contents. I am aware I am releasing legal rights that I otherwise may have, and I enter into this agreement with a full understanding of the risks involved. I certify that I am not relying on any representations or statements by the released parties apart from the written terms of this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this agreement.

Signature: _____

Date: _____