



PASHRM

Philadelphia Area Society for Healthcare Risk Management

**PASHRM - INVITED SPEAKERS:
CONTRACT FOR ENGAGEMENT**

NAME OF SPEAKER: _____

ORGANIZATION AFFILIATION: _____

DATE OF ENGAGEMENT: _____

I. TERMS OF ENGAGEMENT:

This contract for engagement is an agreement between The Philadelphia Area Society of Risk Managers (hereinafter: "PASHRM") and you, the speaker (hereinafter: "you") to confirm your participation in the PASHRM meeting of _____ to present a lecture on the topic of: _____.

This contract is only for your presentation as titled for this date.

II. REQUIRED DISCLOSURES:

At the beginning of your presentation it is necessary to disclose certain financial information that may provide a potential conflict of interest in the dissemination of information that you are to provide. In the last 12 months, if you or your spouse have a financial relationship or interest in proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, please disclose this information at the beginning of your presentation. This includes compensation, honorariums, material goods or financial goods (stocks, bonds, etc.).

III. HONORARIUM / SPEAKER FEES:

PASHRM will provide up to a \$100 as an Honorarium or Speaker Fee to you if you choose to accept. Requested Honorariums or Speaker Fees in excess of this amount must be specifically approved in writing by the PASHRM Board prior to your engagement. Any verbal representation by any member of PASHRM that differs from this provision is not valid and will not be honored.

Before any Honorarium or Speaker Fee can be paid, a signed W-9 must be on file with the Treasurer, as well as a written invoice with your name, address, phone number and social security number or TIN / EIN. Honorariums and Speaker Fees are paid at the conclusion of your presentation, only. Honorariums and Speaker Fees are payable to you, only. Due to tax implications, we are not permitted to make checks payable to any person or organization on your behalf.

IV. REIMBURSEMENT FOR TRAVEL:

Travel expenses incurred by you will be reimbursed with prior specific authorization by the Board of Directors, only. A request for travel expenses must include the estimated expense and a

description of what is sought. Payment of travel expenses will be reimbursed after production of a legible, dated receipt. No reimbursement is permissible without a legible, dated receipt.

A. IF PREVIOUSLY AUTHORIZED, WE WILL REIMBURSE:

- 1. Airfare, up to \$300 round trip total, inclusive of baggage fees and taxes;
- 2. Taxi, up to \$50 round trip, total;
- 3. Train, up to \$150 round trip, total;
- 4. Hotel, up to \$100 / night for one night, total, including internet connection if separately charged.
Please let us know if you need assistance with local hotels with rates within this budget.
- 5. Mileage for travel greater than 100 miles is reimbursable at the current Federal Mileage Rate for you, only. Mileage calculations are point to point, meaning round trip from your residence or office to ECRI Institute, the meeting location, only. Mileage for excursions or travel to additional destinations is not reimbursable. Mileage for a second vehicle is also not reimbursable.
- 6. Reimbursement for meals is permitted up to \$30, with receipts, if you are traveling from a distance of more than 100 miles. Alcohol is not a reimbursable expense, however.

B. WE DO NOT REIMBURSE:

- 1. Mileage for round trip travel less than 100 miles.
- 2. Mileage for excursions or travel to additional destinations
- 3. Mileage for more than one vehicle
- 4. Travel expenses for companions, aides, spouses or any other person not listed on this contract.
- 5. Non-room hotel expenses including but not limited to office services other than internet and entertainment.
- 6. Alcohol.

While these listings are not inclusive, all permissible expenses previously authorized will be reimbursed after the production of legible, dated itemized receipts to the Treasurer:

Suzanne M. Bachovin
c/o Goldberg Segalla, LLP
1700 Market Street
Suite 1418
Philadelphia, PA 19103

We look forward to working with you. Thank you for your assistance to PASHRM.

Lee Patrick, RN, MBA, CPHRM
President - PASHRM

Acknowledgement by you: _____
Date: _____