



SPEAKER ESTIMATED EXPENSE REQUEST

Date of Event	Time of Event	Subject of Event

HONORARIUM: ____ No ____ Yes Amount: \$_____

ESTIMATED EXPENSES:

TYPE	COST	COMMENT
Meals		
Travel: Air		
Travel: Train		
Travel: Bus		
Travel: Auto (mileage)		
Lodging		
Incidentals:		
Total Estimated Cost		
Required Advance		

SPEAKER CONTACT INFORMATION (Please print)

Name	
Address	
Phone (work)	
Phone (cell)	
Fax	
Email Address	

PASHRM Board Approval:	_____ Signature	_____ Date
Speaker's Acceptance:	_____ Signature	_____ Date

DISCLOSURE

As an accredited CE sponsor, PASHRM requires that all individuals involved in the planning and execution of continuing education activity, as either content developers or faculty, provide disclosure on any financial relationships that they may have or that their immediate family may have with commercial interests. A commercial interest is as "any proprietary entity producing healthcare goods or services, with the exemption of non-profit or government organizations and non-health care related companies."

Examples of financial relationship may include, but are not limited to: receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds or other financial benefit associated with roles such as speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected.

Please sign and date the appropriate statement below and return ASAP:

- A. I DO NOT have any financial interest or affiliations with any corporate organizations associated with the manufacture, license, sale, distribution or promotion of any form of healthcare goods.

Signature: _____ ***Date:*** _____

- B. I DO (or a member of my family) have a financial interest or affiliation with the following corporate organization(s), the nature of which is listed below:

Name of Corporate Organization(s)	Nature of Relationship

Signature: _____ ***Date:*** _____

If you listed financial relationships in section B, do any of the financial relationships that you have listed relate directly to the content the CE's activity?

Yes _____ No _____