



SPEAKER AGREEMENT

Name: _____ Title: _____

Company Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Office Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

We would like to thank you for offering your expertise in helping the DuPage Association of Health Underwriters by agreeing to serve as an educational speaker for our group. We welcome you to join us at our monthly breakfast meeting at Arrowhead Golf Club, (located at 26W151 Butterfield Road, Wheaton, IL, 60187 (630-653-5800) on Thursday, _____, 2009.

DAHU is a local chapter of the National Association of Health Underwriters. DAHU currently has around 150 members. You will be speaking to a group of approximately 35 – 40 of our members who attend our monthly meetings. Registration begins at 7:45 a.m. and is followed by a buffet breakfast. Your presentation will begin around 8:30 and should last approximately 45 minutes, including time for questions and answers.

Due to the Illinois Department of Insurance requirements for continuing education programs, I will need your topic and an outline or PowerPoint presentation of your program at least 2 weeks before your speaking date. Because DAHU gives continuing education credit for all of our programs, your program must be generic and not mention your specific company name directly. You may, after your education presentation, have specific company materials available for our membership. We also request your permission to post your presentation on our website AFTER the monthly meeting. Please grant permission by signing your name on the line below (last item under "Checklist").

Checklist

- _____ Have you signed and mailed this form to the DAHU speaker chair?
Rick Pumo, 202 Mill St., Batavia, IL 60510
- _____ Have you sent your presentation to DAHU? (Email is okay) rpumo@healthinillinois.com
- _____ Do you need AV material? A screen and electrical hookups are provided. If you need a projector or other items, please email Rick at rpumo@healthinillinois.com
- _____ Handouts... We generally have 35 to 40 people in attendance.
- _____ E-mail your biography to Rick Pumo rpumo@healthinillinois.com
- _____ Authorize DAHU to post your presentation on their website after the meeting – if so, please sign here: _____

Programs/Speaker Co-Chairs:

Rick Pumo
630-406-1677

Bobby Vestal
312-451-9695