



MLA-DLA 2019 Conference
External Presenter Agreement Form



(Not to be used for presenters from MD or DE)

Due: October 19, 2018

TITLE CODE: _____

This agreement is made and executed by and between the Delaware Library Association (DLA), the Maryland Library Association (MLA) and the Presenter/Speaker who will participate in the 2019 MLA/DLA Conference (Cambridge, MD).

_____ agrees to serve as a presenter/speaker at the following program:

(TITLE OF PROGRAM)

Date/day to be held: [] Wednesday – Preconference [] Thursday [] Friday

MLA and/or DLA agrees to reimburse the speaker for the following, at the conclusion of the program:

I. Honorarium (speaker's stipend): \$ _____

Make check payable to: _____ Approved by MLA or DLA Conference: yes ___ no ___

II. Transportation:

a. Mileage reimbursement (.50/mi. for travel by car): \$ _____

b. Tolls/Parking: \$ _____

c. Airfare/Train * -- Carrier Name: _____ Amount: \$ _____

(* Receipt must be provided for reimbursement other than self-driving)

d. Other * \$ _____

III. Lodging: One night at the Hyatt Regency Chesapeake Bay (additional night with approval)

Yes, please reserve me a night _____ No, I do not need to stay overnight _____

If yes, which night? Wed, May 1 ___ Thurs, May 2 ___ Other night (needs approval), specify: _____

IV. 1 Meal (provided through conference services)

Yes, I'd like a meal.

No, I do not require a meal.

MLA/DLA reserve the right to cancel the above described program with no remuneration due to low enrollment. Said cancellation to be made no later than April 15, 2019. Yes ___ No ___

This contract includes the right for the Delaware Library Association and Maryland Library Association to copy and distribute, without additional compensation, enough copies of your material, whether copyrighted or not, to meet the objectives of the program for which such materials are furnished. I agree ___ I do not agree ___

This agreement allows for the right to take still photographs during your presentation that can be reprinted in print or electronic form. This contract does not allow for videotaping of any presentation unless otherwise stated in an agreement separate from this contract.

I agree ___ I do not agree ___

Approved by: _____

(SIGNATURE OF PRESENTER)

(PRESENTER'S MAILING ADDRESS; please print legibly)

(DATE) _____

(PRESENTER'S SOCIAL SECURITY NUMBER— (required if honorarium is over \$700 – for security, consider not emailing form)

(SIGNATURE OF MLA or DLA PROGRAM LIAISON)

(DATE)

(SIGNATURE OF DLA EXECUTIVE DIRECTOR, IF APPLICABLE)

(DATE)

(SIGNATURE OF MLA EXECUTIVE DIRECTOR, IF APPLICABLE)

(DATE)

SUBMIT TO THE DLA OFFICE

Email: dla@lib.de.us or cathay.keough@lib.de.us Fax: 302-739-1732

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