Date of Event

Name of speaker

Speaker's email

Speaker's address

Dear Name of speaker,

The Association of Women's Health Obstetric Neonatal Nurses Illinois chapter/section is pleased to welcome you as a speaker at our program.

The [Event Name] will be held on [Event Date] at [Where event will be held or virtual format].

AWHONN aims to strengthen the nursing profession through the delivery of superior advocacy, research, education and other professional and clinical resources to nurses and other healthcare professionals.

Presentation:

[Event Date; Title of Presentation; Time of presentation]

AWHONN Illinois will pay an honorarium to [Speaker's Name], in the amount of [Dollar amount], which will be processed for payment at the conclusion of the speaker's presentation. To confirm your presentation, submit this signed speaker agreement form with your W-9 form.

[ ]  I accept your invitation to speak at the [Event Name].

[ ]  I am waiving my speaking honorarium

Please also note that in order for the planning committee to offer continuing education hours, we will need information from you in accordance with the Ohio Nurses Association standards for applying for CE credit.

Signature\_\_[Speaker signature electronic acceptable]\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_[Chapter/Section signature electronic acceptable]\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWHONN Illinois, Chapter/Section Leader:

[Name]

[E-mail]

[Phone number]