

AMERICAN HEALTH LAWYERS ASSOCIATION
PRESENTATION AGREEMENT FOR FEDERAL GOVERNMENT EMPLOYEES

Please read, complete, sign, and return this form to American Health Lawyers Association, Attn: Katherine Wone at kwone@healthlawyers.org (1620 Eye Ste., NW, 6th Floor, Washington, DC 20006). Please email her if you have further questions.

Speaker (insert Speaker's name) _____
represents to the American Health Lawyers Association (AHLA) that with respect to the
Presentation that will be held on (insert date) _____ and entitled:
_____:

- 1) Speaker has prepared the Presentation as part of his/her official duties as an employee of the following government agency: _____,
and
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Signature of Speaker

Printed Name of Speaker

Date