



**MLA-DLA 2020 Conference**

**Outside Presenter Agreement Form**

*(Not for MD or DE Librarians)*



**FORM MUST BE SIGNED BY THE PRESENTER  
DUE NOVEMBER 1, 2019**

This agreement is made and executed by and between the Maryland Library Association (MLA) and the Presenter/Speaker who will participate in the MLA-DLA Conference to be held May 6, 7, and 8, 2020 in Cambridge, Maryland.

**TITLE CODE:** \_\_\_\_\_

\_\_\_\_\_ agrees to serve as a presenter/speaker at the

following program: \_\_\_\_\_  
(TITLE OF PROGRAM)

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

MLA agrees to reimburse the speaker for the following, at the conclusion of the program:

**Honorarium** \$ \_\_\_\_\_ Approved by Conference Director: yes \_\_\_\_\_ no \_\_\_\_\_

**Transportation:**

Mileage reimbursement (.58/mi. for travel by car) \$ \_\_\_\_\_

Airfare/Train \* \$ \_\_\_\_\_

Other \* \$ \_\_\_\_\_

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

**Lodging: One night** at the Hyatt Regency Chesapeake Bay  
(additional night with conference director approval)

**1 Meal**

MLA reserves the right to cancel the above described program with no remuneration due to low enrollment. Said cancellation to be made no later than April 20, 2020.

\_\_\_\_ Yes \_\_\_\_ No This contract includes the right for the 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. This agreement also 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.

Approved by: \_\_\_\_\_

(SIGNATURE OF PRESENTER)

(DATE)

(PRESENTER'S MAILING ADDRESS)

\_\_\_\_\_  
(PRESENTER'S SOCIAL SECURITY NUMBER) (Required if honorarium is over \$600. Do not email form; fax or mail)

\_\_\_\_\_  
(SIGNATURE OF MLA or DLA PROGRAM LIAISON)

(DATE)

\_\_\_\_\_  
(SIGNATURE OF MLA EXECUTIVE DIRECTOR)

(DATE)

**SUBMIT TO THE MLA OFFICE**  
[mla@mdlib.org](mailto:mla@mdlib.org) or 410-947-5089(fax)  
1401 Hollins Street, Baltimore, MD 21223