

Purdue Veterinary Medicine Conference Speaker Manual
September 19-23, 2017
Purdue University, West Lafayette, Indiana

Purdue Veterinary Medicine (PVM) thanks you for participating in our 2017 Conference!

WHAT YOU NEED TO KNOW

<u>Speaker checklist</u>	<u>Return via</u>	<u>Deadline</u>
<input type="checkbox"/> Speaker contract (all speakers)	Email	Upon Receipt
<input type="checkbox"/> Session description (all speakers)	Email	May 1, 2017
<input type="checkbox"/> Online CE release form (all speakers)	Email	May 1, 2017
<input type="checkbox"/> Speaker bio sheet (non-Purdue speakers only)	Email	May 1, 2017
<input type="checkbox"/> Photo (non-Purdue speakers only)	Email	May 1, 2017
<input type="checkbox"/> Substitute W-9 Parts 1-3 for Honorarium/Travel (non- Purdue speakers only)	USPS or fax	May 1, 2017
<input type="checkbox"/> Contact us for Hotel reservations	Phone	May 1, 2017
<input type="checkbox"/> Proceedings submitted (all speakers)	Email	August 1, 2017
<input type="checkbox"/> All Travel/Expense Receipts	Email or fax	October 13, 2017

- ❖ Required forms can be found at the end of this manual. Please return forms by:
 - email PVMLifelongLearning@purdue.edu
 - US Postal Service
 - ATTN: PVM Office of Lifelong Learning
 - Purdue University College of Veterinary Medicine
 - 625 Harrison Street, Lynn Hall Room 2121
 - West Lafayette, IN 47907-2026
 - or fax: 765-496-3926

- ❖ Should you be unable to fulfill your speaking obligation, to contact us for hotel reservations, or if you have any questions, please contact us by email PVMLifelongLearning@purdue.edu or phone 765-494-0611

- ❖ All forms and travel/expense receipts must be received on or before the deadlines above in order for speakers to be paid an honorarium and reimbursed for expenses.

- ❖ Only electronic files will be accepted for proceedings. Proceedings will be available to conference attendees free via the conference website and on a thumb drive for a fee of \$25. We will not be able to accept proceedings materials after the deadline above.

- ❖ Additional Conference information can be found on our website: www.vet.purdue.edu/conference

Purdue University is an equal access/equal opportunity/affirmative action university.

If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.

LOGISTICS:

- **Location:** With the exception of special events, exhibitors, and several hands-on labs, all conference sessions will be held at Purdue University, Stewart Center, 128 Memorial Mall, West Lafayette, IN 47907.
- **Check-In:** Please check in at the Speaker Ready Room (STEW 204) at least 45 minutes before your presentation to test your PowerPoint, videos, sounds, etc. and to make sure everything works. If you have any special technical needs, please contact us no later than **Monday, September 11, 2017**.
- **What to Wear:** Business attire is appropriate for your presentation, other daytime events, and evening events.
- **Session Length:** CE sessions will last 50 minutes. Please design your presentation to meet this time period. The moderator will make certain that you stay on time.
- **Moderator:** A moderator will be with you during your lecture(s). This person will ensure that your session runs smoothly and will be able to provide you with technical and other assistance if needed.
- **Room Set-up:** Lecture rooms are set with chairs facing the speaker and no tables. Your lecture room will be equipped with the following: a laptop, projector, screen, microphone and a table at the front of the room for your materials. If you have special room set-up or audio-visual requirements, please contact us no later than **Monday, September 11, 2017**.
- **Marketing:** Please refrain from marketing products or services during your presentation.
- **Evaluations:** PVM monitors all educational sessions. Speakers and conference session content are evaluated.

SPEAKER TIPS

- Your target audience is veterinarians, veterinary technologists and technicians, veterinary assistants, practice personnel, students, and industry representatives from Indiana and surrounding states. Many of the conference attendees are PVM alumni.
- Attendees want continuing education sessions that provide **practical** and **useful** information that they can immediately apply to their jobs and practices.
- **Catchy titles boost attendance!** The title and description of your session will determine a registrant's interest.
- Proceedings must be in Word format, **Times New Roman, single spaced, 1" margins, left justification, and 12 point font**. Include **title, author(s), degree(s), and current position**. PowerPoints will not be accepted as proceedings. You will be given a \$75 addition to your honorarium **if** your proceedings are submitted **by the deadline**. Proceedings materials will **not be accepted** after the deadline.

REIMBURSEMENT POLICIES

Non-Purdue Speakers:

- PVM pays an honorarium of \$200 per each 50 minute session and \$75 for proceedings materials **if submitted by the deadline.**
- Complimentary conference registration is included but does not include fees for special events.
- PVM cannot reimburse expenses of family members or guests who accompany the speaker.
- You must complete Parts 1-3 of the Substitute W-9 Form and return via USPS or fax 765-496-3926 (for security purposes) by the deadline.
- **All forms and copies of travel/expense receipts must be received on or before the deadline in order for speakers to be paid an honorarium and reimbursed for expenses. Please keep original receipts just in case.**

Hotel:

- **We will reserve and pay for your lodging at the Union Club Hotel for the night prior to and after your presentation.** The hotel is located inside the Purdue Memorial Union and adjacent to Stewart Center. Free parking is provided with your stay at the Union Club Hotel. Please contact us to confirm the dates of your stay.

Travel:

- Travel reimbursement covers meals, parking, cab/transportation fares, hotel and any other miscellaneous expenses. PVM cannot reimburse you for your car insurance.
- Mileage is reimbursed at the current IRS rate.
- Only coach airfare will be reimbursed. If you are flying, Indianapolis will be the closest international airport. You can take the Lafayette Limo shuttle service or the Star of America shuttle service from the Indianapolis airport directly to the Union Club Hotel. If you use a shuttle service, be sure to book your return to the airport as well. Contact Lafayette Limo at 765-497-3828 or www.lafayettelimo.com to reserve your pick up. The Lafayette Limo allows online reservations. Contact Star of America at 1-800-933-0097 or <http://www.soashuttle.com/> to make your reservation. If you are driving, you can obtain directions at [Google Maps](#) from your location to Purdue's Campus in West Lafayette.
- **Please retain the originals of all of your receipts for these items.** Travel expenses will be reimbursed only if all forms and receipts have been submitted by the deadline.

Purdue Speakers:

- Purdue University faculty and staff speakers will receive an allocation of funds which will be transferred from conference proceeds to a like account in their home department. The Purdue Veterinary Administration business office will confirm the recipient account with the appropriate departmental business office and transfer the funds after the conference.

Purdue Veterinary Medicine 2017 Conference

Session Speaker Contract

Name: _____

Session Title(s): _____

Session Track/Date (if known): _____

Session Time(s) (if known): _____

Purdue Veterinary Medicine (PVM) enters into this contract with the above referenced speaker and agrees to pay a \$200.00 allocation per each 50 minute session and \$75.00 for proceedings materials if all materials are submitted by deadlines (Forms: May 1, 2017; Proceedings: August 1, 2017; and Receipts: October 13, 2017) Complimentary conference registration is included but does not include fees for special events. Reimbursement will be given to **non-Purdue speakers** for coach airfare or mileage, miscellaneous travel expenses and lodging based on presentation schedule (we will reserve and pay for your lodging at the Union Club Hotel for the night prior to and after your presentation).

In Agreement:

I agree to participate as a speaker at the PVM 2017 Conference held September 19-23, 2017 in West Lafayette, Indiana. I understand that Purdue Veterinary Medicine will compensate me as listed above, if not individually sponsored.

I agree to grant unlimited and nonexclusive copyright ownership of my presentation and the material contained in my proceedings manuscript to Purdue Veterinary Medicine (PVM). "Unlimited" means I agree that PVM may use various modes of distribution, including online and electronic distribution formats. "Nonexclusive" means that PVM grants to me, the author, an unlimited right to the subsequent re-use of the submitted materials. PVM will take reasonable steps to assure access control to appropriate readers. I agree that PVM may copy proof submissions but that editing will not change content or meaning.

1. Upon receipt of this contract or no later than **May 1, 2017**, I agree to complete and submit:
 - Speaker Bio Sheet & Photo
 - Session Description
 - Online CE Release Form
 - Substitute W-9 Parts 1-3 for Honorarium and Travel (Non-Purdue Speakers only- Mail or Fax)
2. I agree to submit electronically materials for the proceedings manuscript using Microsoft Word by **August 1, 2017** after which an additional \$75 will be added to my fund allocation for a total allocation of \$275/session.
3. I understand that I will not be allocated any funds or reimbursed until and unless all materials are submitted by deadlines and receipts (if applicable) are received by **October 13, 2017**.

Signature

Date

Please sign and return this contract upon receipt via email to:
PVMLifelongLearning@purdue.edu

PVM 2017 Conference
Speaker Bio Sheet (non-Purdue Speakers)

This information will be included in the program and on the conference website.

SPEAKER NAME: _____

Link to a website with your biography: _____
(No need to fill out remaining information if link is provided.)

Degree (s): _____ School Attended: _____

Year of Graduation: _____

Additional degrees and Diplomat status: _____

Area(s) of research or clinical special interest: _____

Awards you have received: _____

Two most recent publications (if applicable): _____

Current position and place of employment: _____

Please complete and return with photo by May 1, 2017 to:
PVMLifelongLearning@purdue.edu

PVM 2017 Conference

Session Description (all speakers)

Complete this form for each of your speaking sessions.

Session Track/Date (if known) _____

Session Time (if known) _____

Session Title _____

Session Description

(Please limit this to 75 words – this will be used in the conference program and on the website.)

Session Track/Date (if known) _____

Session Time (if known) _____

Session Title _____

Session Description

(Please limit this to 75 words – this will be used in the conference program and on the website.)

Please complete and return by May 1, 2017 to:

**PVM 2017 Conference
Online CE Release Form**

**Permission to use 2016 Conference Materials for Purdue Veterinary Medicine Online
Continuing Education Programming**

Purdue Veterinary Medicine (PVM) truly appreciates your participation in the PVM 2017 Conference. Strategic plan goals to improve our lifelong learning programs include provision of online Continuing Education (CE) offerings. To accomplish this goal, PVM would like to make your presentation available on a secure website as part of our online CE programs. Access to your presentation will be limited to individuals who purchase online CE modules. We appreciate your permission to include your presentation as part of PVM online offerings.

Granting Purdue Veterinary Medicine permission to include your presentation as part of online CE offerings does not affect your ownership of any part of your presentation or materials. Permission to use your materials does not guarantee your materials will be used. PVM reserves the right to use materials that fit with the overall program plan.

COPYRIGHT LICENSE

I (Presenter) agree to grant Purdue Veterinary Medicine unlimited, nonexclusive, perpetual, royalty-free license to use my work, namely audio, video, PowerPoint, and electronic presentations authored by me (Presenter) and presented at the Purdue Veterinary Medicine 2017 Conference. “Nonexclusive” means that PVM grants to me, the author, an unlimited right to the subsequent re-use of the submitted materials. The above work will be posted on a website with access limited to individuals who have purchased online CE modules. PVM will take reasonable steps to assure access control to appropriate readers. I (Presenter) also authorize Purdue Veterinary Medicine to use my (Presenter) name, photograph, and biographical data in connection with use of my work. I agree that PVM may copy proof my work but that editing will not change content or meaning.

I Agree

I Do Not Agree

Print Name _____

Signature _____ Date _____

Title of Work _____

Please complete and return by May 1, 2017 to:
PVMLifelongLearning@purdue.edu

Action Requested (Purdue staff: Please mark the appropriate box(es) and facilitate completion of the sections indicated)

<input type="checkbox"/> PAYMENT (Parts 1, 2, 3, 4)	<input type="checkbox"/> CHANGE TIN (Parts 1, 3)	<input type="checkbox"/> CHANGE Legal Name (Parts 1, 3)
<input type="checkbox"/> NEW VENDOR REQUEST (Parts 1, 2, 3)	<input type="checkbox"/> CHANGE Address (Parts 1, 2)	<input type="checkbox"/> CHANGE Business Type (Parts 1, 3)
<input type="checkbox"/> ADD Direct Deposit (Parts 1, 2)	<input type="checkbox"/> CHANGE Direct Deposit/ACH (Parts 1, 2)	
<input type="checkbox"/> ADD DBA/Trade Name (Parts 1, 3)	<input type="checkbox"/> CHANGE DBA/Trade Name (Parts 1, 3)	

Part 1 Taxpayer Information (required)

Name (Must match IRS records & the Taxpayer Identification Number below)	Area code and phone number
Business Name (If different from above or Doing Business As (DBA))	Fax Number
Address (Number, street, and apt or suite number)	Email Address
City, State, and Zip Code	Country

Taxpayer Identification Number (TIN)
 For individuals, this is your Social Security number (SSN).
 Resident Aliens: See page 2 of the IRS Form W-9.
 Other Entities: Enter your Employer Identification Number (EIN)
 If you do not have a number, see "How to get a TIN" on Pg. 2 of the IRS Form W-9.

Enter your US TIN (if available) in the box

Business Type (check one box)

<input type="checkbox"/> Individual / Sole Proprietor or single-member LLC	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Partnership	<input type="checkbox"/> C Corporation	If LLC, Enter Tax Classification: _____
<input type="checkbox"/> Other	<input type="checkbox"/> Trust/Estate	(C = C Corp, S = S Corp, P = Partnership)

Note: For a single-member LCC that is disregarded, do not check LLC; check the appropriate box above for the tax classification of the single-member owner.

Exemptions (apply only to certain entities, not individuals):	Citizenship (check one box)
Exempt payee code (if any) _____	<input type="checkbox"/> US Citizen
Exemption from FACTA reporting code (if any) _____	<input type="checkbox"/> Permanent Resident
(Applies to accounts maintained outside the U.S.)	<input type="checkbox"/> Non-Resident Alien or Foreign Entity (If yes, enter Visa Type: _____)
	Must complete and attach Glacier file (www.online-tax.net)

Purdue University-related Disclosures

Are you a student? **Yes** If yes, enter institution: _____
 No

Are you a current or former employee of Purdue? **Yes** If yes, enter dates: _____
 If yes, Do you have an approved Reportable Outside Activity Form? Yes No
 No

Do you have immediate relatives who are employed at Purdue? **Yes** If yes, List name(s) and department(s): _____
 No

Part 2 Payment Method **Direct Deposit (Complete Part 2)**
 I request a paper check (Skip to Part 3)

Bank Name	Bank Phone Number
Bank Routing No.	Account Number
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I certify that the information provided is correct and that I am an authorized signer on designate of the account provided for direct deposit transactions, and am entitled to provide this authorization. I hereby authorize Purdue University to initiate credit entries, and debit entries in the event of overpayment, to the account and financial institution listed above. This authorization will remain in effect until revoked by the vendor in writing to the Purdue University Master Data Team.

You must notify us immediately if you have instructed your bank to transfer Purdue's electronic payments to an account outside the United States. We will then need to collect additional information from you so that our bank can satisfy its regulatory obligations. Purdue cannot be responsible for any resulting delays.

Signature: _____ **Date:** _____

Printed Name: _____

Part 3 Certification

W-9 Information Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Taxpayer Information Certification

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

By Signing below I:

- a) Certify that this invoice is correct and just, the amount claimed is legally due, after allowing for all just credits, no part of the same has been paid, no part will be paid by another entity, nor will any expenses claimed here be used as a deduction for tax purposes;
- b) Certify that I am not a Federal employee;
- c) Agree that all inventions and materials first developed or produced as a result of the above described consulting activities will be reported to Purdue and all rights, both domestic and foreign, to inventions and materials first developed or produced as a result of the above described consulting activities shall be retained by Purdue University, and
- d) Agree not to disclose any information furnished by Purdue University that was identified as proprietary information. Under penalties of perjury, I certify that:
- e) The information regarding citizenship in 12 above is correct.

Signature: _____ Date: _____

Printed Name: _____

Part 4 Payment Information (for University staff completion)

To authorize payment for services rendered, complete parts 1 through 4 and forward with appropriate documentation (receipts, proof of payment, etc.) to Payroll and Tax Services.

Has a Statement of Work (SOW) been executed for this entity/individual?
 (Required when services provided are over 160 hours or multiple payments B@P process: [Initiating a Consulting Agreement](#)) Yes N/A
 No

Description of Services / Reason for Payment

Period Covered by Payment

Was the work performed outside the United States? Yes No

Itemized Payment

	Fee/Rate	Quantity	Total	Foreign Currency
Honorarium/Fees for Service	\$		\$	
Expenses: Airfare	\$		\$	
Ground Transportation	\$		\$	
Subsistence: Food	\$		\$	
Lodging	\$		\$	
Other - Describe: _____	\$		\$	

TOTAL INVOICE AMOUNT \$

Account Information	G/L Account	Fund	Cost Center	Order	WBS Element	Earmarked Funds

By signing below, I certify that the services described in Part 4 are essential to the project, have been received, and the consultant's fees are appropriate.

Signature: _____ Title: _____ Date: _____