



On behalf of the Association of Surgical Technologists (AST), it is with a great deal of pleasure to thank you for wanting to present at the AST 46th National Conference being held May 14 - 16, 2015 at the San Antonio Marriott Rivercenter, San Antonio, TX. Your contribution to the learning experience of our attendees is important and we are pleased that you are committed to and interested in helping us provide quality continuing education to the attendees. The information below should help to answer any questions you might have regarding speaking at the AST conference. If you have any questions that are not addressed, please contact Alyssa Hamburg at 1-800-637-7433, x 2511; E-mail alyssa.hamburg@ast.org.

1. Presenters agree not to promote a product or service during the presentation. Signing the AST Conflict of Interest form signifies agreement to not promote a product or service.
2. **We strongly advise you do NOT depend on Internet connectivity for your presentation.**
3. Please check in at the AST Registration Desk at least 40 minutes prior to the scheduled time of your presentation.
4. If you must cancel your presentation, if possible please notify AST **30 days** prior to the dates of the conference.
5. All presenters are expected to provide an electronic copy (e.g. attachment to E-Mail, CD, DVD) of their presentation, e.g. Powerpoint, to the AST Continuing Education Department. This copy must be provided by **April 30, 2015**. The purpose of receiving the presentation is to place on the AST web site for our members to view post-conference.
6. **Please bring your presentation in electronic format (e.g. CD, DVD, USB drive) to the conference to be given to the audiovisual technician. Prefer USB drive. If you plan on using your personal MAC computer, please bring the video dongle.**
7. All presenters are expected to provide a photograph of himself/herself; preferably a high resolution jpeg (must be at least 400 KB or 1.0 MG) or a 3 x 5 max hard copy – portrait (head shot only). Do not send photos from a web site; they are not compatible with our format. Please provide the photo by **September 15, 2014**.
8. Presenters must complete all the forms included in the AST Speaker Packet and return by the deadline date provided in the table below. It is essential that the forms be completed, in particular the **Conflict of Interest form**. An E-mail verifying no conflict of interest is **not** acceptable.

Enclosed you will find the forms for you to complete. Please return to:

AST

Alyssa Hamburg

6 West Dry Creek Circle, Ste. 200

Littleton, CO 80120 – 8031

Alyssa.hamburg@ast.org

800-637-7433, ext. 2511

Again, we would like to thank you for accepting to present at our conference. We look forward to a very successful 46th National Conference!

ACTIVITY	DEADLINE DATE
1. Speaker Profile Packet with Curriculum Vitae or resume, and <u>Conflict of Interest form</u>	SEPTEMBER 15, 2014
2. Photo	SEPTEMBER 15, 2014
3. Send presentation to AST in electronic format, e.g. attachment to E-mail, CD, DVD	APRIL 30, 2015

AST BIOGRAPHIC DATA FORM

Name and Credentials: _____

Home Address: _____

Home Phone: _____ Home FAX: _____ Cell Phone: _____

Present Employment (*title and description*): _____

Company/Business: _____

Business Address: _____

Business Phone: _____ Business FAX: _____

Preferred Mailing Address: _____ Home _____ Business

E-mail Address: _____

Please include a copy of your resume or curriculum vitae that includes education that has been completed.

AST PRESENTATION TOPIC FORM

PLEASE WRITE/TYPE LECTURE TITLE BELOW

LECTURE TITLE: _____

A. Presentation Description:

Please submit a brief description of your presentation.

AST SPEAKER AUDIOVISUAL

Each meeting room will be equipped with the following items:

- Laptop (if you plan on using your personal MAC computer please bring video dongle)
- Screen
- LCD Projector
- Podium and podium microphone

If you have audiovisual requirements outside of those listed above please list below:

- _____
- _____
- _____

FEATURED SPEAKER DATE AND TIME OPENINGS

I am available during the following time slots:

** Please check all available times*

** If available for one hour only please check the alternative time.*

Thursday, May 14, 2015

Primary Times

- ☐ 11:00 am – 12:50 pm
- ☐ 4:00 – 5:50 pm

Alternative Times

- ☐ 11:00 – 11:50 am
- ☐ 4:00 – 4:50 pm
- ☐ 5:00 – 5:50 pm

Friday, May 15, 2015

Primary Time

- ☐ 12:00 – 1:50 pm

Alternative Times

- ☐ 12:00 – 12:50 pm
- ☐ 1:00 – 1:50 pm

Saturday, May 16, 2015

Primary Times

- ☐ 8:00 – 9:50 am
- ☐ 10:00 – 11:50 am
- ☐ 2:00 – 3:50 pm

Alternative Times

- ☐ 8:00 – 8:50 am
- ☐ 9:00 – 9:50 am
- ☐ 10:00 – 10:50 am
- ☐ 11:00 – 11:50 am
- ☐ 2:00 – 2:50 pm
- ☐ 3:00 – 3:50 pm

AST SPEAKER RELEASE

I, _____, acknowledge that the Association of Surgical Technologists may utilize various media to produce lectures, panel discussions, and handout materials presented at the National Conference. This may include presentations given by me and panel discussions in which I participate. I further acknowledge that such compilations of these materials may be sold or provided free of charge by AST, their agents, and representatives to registered attendees and other individuals.

I hereby give my permission to AST, their agents and representatives, to record and distribute all or a portion of any presentation I give, papers I present, hand-out materials I distribute and panel discussions in which I participate at the event, without any obligation on their part to pay me any fee or royalty.

Signature _____

Date _____

Print Name _____

AST DISCLOSURE OF FINANCIAL RELATIONSHIPS

In order to comply with relevant continuing education standards the AST disclosure is to ensure that a speaker who is in the position of being able to control the content of the educational activity has disclosed to AST all relevant financial relationships with any commercial interest (see definitions below). Upon review, if it is decided that a conflict of interest is present due to a financial relationship you, spouse or partner may have, you will be contacted to discuss methods to resolve the conflict. Additionally, all disclosures must be revealed by a slide at the beginning of the educational activity. Failure or refusal to disclose the conflict(s) could be reason for withdrawing the invitation to speak at the AST event.

As a sponsor of continuing education for the Certified Surgical Technologist (CST) and Certified Surgical First Assistant (CSFA), AST must ensure objectivity and balance in all the continuing education (CE) activities.

Presentations must provide a balanced view of therapeutic options. If your presentation includes the use of a drug(s), the generic name of the drug must be used. Additionally, if the presentation describes the use of a drug, medical device or product that is not FDA approved or the unapproved use of a drug, medical device or product, the speaker has the responsibility for disclosing this information to the audience during the presentation.

The intent of this disclosure is not to prevent speakers/subject matter experts with a significant financial relationship from making a presentation, but rather to provide the audience with information for their own judgment.

AST Conflict of Interest

1. Check **ONE** of the following two boxes; then proceed as directed.

☐ I declare that I do NOT have any financial relationships/interest with any commercial interests that could pose a conflict of interest with my presentation(s).

If the box above is checked, go to Questions 4 and 5

☐ I have an affiliation or financial relationship/interest with a commercial interest(s) that could be perceived as posing a potential conflict of interest with my presentation(s).

If the box above is checked, answer ALL of the remaining questions.

2. I have significant relationship with the commercial supporter (sponsor) of the session(s).

☐ Yes

☐ No

☐ Do not know if session is sponsored

3. I, a member of my family, or partner, have, or have had, a relevant financial relationship within the past 12 months with one or more companies who produce health care goods and/or services (**list relationship and company below**):

☐ Yes

☐ No

Name of Commercial Company	What I, Spouse or Partner Accepted	Relationship
Example: Medical Company XYZ	Fee	Consultant

What I, Spouse or Partner Accepted: Consulting fee; honorarium; intellectual property rights; royalty; salary; stocks or stock options; other financial support.

Relationship: Consultant; employee; member of board and/or advisory committee; grant/research support (includes contracted research); large gift(s); product designer; speaker (speaker's bureau); stockholder; other financial relationships.

4. My presentation will include discussion of commercial products or services and will be referenced in generic terms.

☐ Yes

☐ No

5. Is non-FDA use of medical devices or pharmaceutical products included in the presentation?

☐ Yes

☐ No

If yes, please identify the product and the off-label use: _____

You must sign and return this form to AST. This information will be published in the AST Conference Proceedings book to ensure an informed audience.

Signature: _____

Speaker Name

Date: _____

If speaker has identified a conflict, Education Coordinator will contact speaker to resolve any issues.

Signature: _____

Education Coordinator

Date: _____

Glossary

Commercial Interest: Any proprietary entity producing, marketing, reselling or distributing health care goods or services consumed by, or used on, patients. Health care providers of clinical services directly to patients are not considered to be commercial interests.

Conflict of Interest: Individual is involved in one or more financial interests that could possibly be used to affect the content of the presentation as related to commercial medical products or services.

Financial relationships: Relationship(s) in which the individual benefits by receiving consulting fees, fee(s) for membership on a board, fee(s) for membership on an advisory or review committee, honoraria, intellectual property rights, royalty, salary, speaker fees (speaker's bureau), stocks or stock options, and/or travel benefits. AST includes the financial relationships of a partner or spouse.