



Texas School for the Blind & Visually Impaired Outreach Programs

www.tsbvi.edu | 512-454-8631 | 1100 W. 45th St. | Austin, TX 78756

Speaker Information and Media Release Form

Please fill out this form completely. **All** of the information is necessary in order for us to generate your contract and develop the online registration.

We provide handouts that include the content of any PowerPoint you show plus any additional content (e.g., bibliographies, articles) into a single screenreader accessible handout. This handout is posted on our conference website for participants to download. We only provide paper handouts on request. This takes some time on our end to prepare. If you are sending multiple files, please specify the order for each piece of content. If you are including any images or graphs in either your power point or handout material, please be sure to caption them or include an alt text tag we may use for each image.

Event Title: _____

Event Date(s): _____

Speaker's Name: _____

(Name and title as it should appear in the Session Guide-- this should also include information like Ph.D versus Dr., COTA, etc.)

Mailing Address: _____

Email Address: _____

Phone Number(s): _____

Special issues related to honorarium/fee (describe):

You can go to <http://www.tsbvi.edu/info-speakers-consultants> to review instructions related to contracts, travel, etc.

Please provide the following information for the session(s) you plan to present. In the event you are providing more than four (4) presentations, please include the same information for each session.

Return this information to Miriam Miramontes, miramontesm@tsbvi.edu, or the Outreach Consultant who contacted you.

Session Information

Session 1

Additional speaker(s) name(s) presenting this session if applicable:

Title of Session: _____

Date & time (tentative): _____

Session Objectives:

Short description of this session:

Session 2

Additional speaker(s) name(s) presenting this session if applicable:

Title of Session: _____

Date & time (tentative): _____

Session Objectives:

Short description of this session:

Session 3

Additional speaker(s) name(s) presenting this session if applicable:

Title of Session: _____

Date & time (tentative): _____

Session Objectives:

Short description of this session:

Session 4

Additional speaker(s) name(s) presenting this session if applicable:

Title of Session: _____

Date & time (tentative): _____

Session Objectives:

Short description of this session:

Audio/Visual Support

We can provide audio/visual support for each session. Please indicate the equipment required for your session(s). A member of our media staff will contact you to confirm your needs.

- Microphone & Audio System
- Document Projector (ELMO)
- Screen
- Internet Access
- Data/Video Projector
- VGA
- HDMI
- Other (describe): _____

Special Needs

Please check, circle or highlight the boxes below. Add any additional information you would like us to have.

- Special room configurations (describe): _____
- Support service provider: _____
- Interpreter or loop/FM system (describe): _____
- Other (describe): _____

Travel Information

How will you travel?

- Fly
- Drive
- Other travel option (bus, rail, etc.): _____

Please email a copy of your itinerary to Miriam Miramontes, miramontesm@tsbvi.edu or your Outreach contact.

Will you be staying at the hotel? *(If you are staying the hotel please be sure to make your hotel reservations early so you can get a room at the special rate.)*

- Yes, I will stay at the hotel.
- No, I will not stay at the hotel.

What date do you expect to arrive and depart? _____



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Media Release

The Texas School for the Blind and Visually Impaired (TSBVI) serves as a statewide and national resource and supports training related to visual impairment and deafblindness. For that purpose, TSBVI requests this permission for you, your child, or an adult or child for whom you are the guardian/agent.

This permission is for (Printed Name): _____

I am the person listed above and I am 18 or older: My Date of Birth: _____

I am the parent/guardian/agent of the person listed above: Printed Name _____

Photographs and video and audio recordings of the person named above that may contain personally identifiable information may be used for the following purposes:

Sharing information within TSBVI or with local service providers; training for parents and professionals; marketing of TSBVI programs; increasing public awareness of visual impairment; and/or other educational purposes

Photographs and video and audio recordings of the person named above may be used in the following venues and media:

TSBVI approved websites and third party websites that are aligned with TSBVI's mission; seminar and conference presentations; electronic or print publications; all analog and digital formats; CDs, DVDs, or other electronic storage devices; training presented through videoconference or educational broadcast; official reports prepared by TSBVI.

By signing below, I understand and acknowledge that:

No monetary consideration shall be paid to me, or to the student, or to the student's parent/guardian for agent or the use of the photo and video and audio recordings; permission is given without coercion or duress; this agreement is binding upon my heirs and/or future legal representatives; this permission remains in effect until such time as I notify TSBVI in writing that I wish to revoke it for future projects; I hereby waive any copyright interest that I might have in such photographs or recordings; I hereby waive any ownership rights that I might have in such photographs or recordings; no photographs or recordings will be used for the financial profit of any individual and/or groups or private companies.

Yes, I give permission to TSBVI for use of photo, video, and audio recordings as described above.

No, I do not give permission to TSBVI for use of photo, video, and audio recordings as described above.

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____