

Speaker Consent Form

A. I agree to participate as a Guest Speaker at the 55th Indian Orthodontic Conference, Amritsar.

a. Name: _____

b. Conference Registration No: _____ L.M No. _____

c. Mobile Number: _____

d. Title of the presentation: _____

B. I agree to present my lecture virtually on the "Date and Time" that will be communicated to me by the Scientific Committee.

C. I acknowledge that this is going to be a virtual conference.

D. I agree to comply with all program-related deadlines provided to me by the scientific committee.

E. I understand that my presentation is educational in nature, matches the session description and that conference committee reserves the right to change the duration and schedule of presentation with prior information.

F. I agree that my presentation shall be without any commercial interest in the products discussed. In case of any violation, I shall abide by stipulations in Article 34(f) (xiii) of IOS Constitution.

- G. I agree to notify immediately if an emergency should restrain me from meeting my obligation as a speaker.
- H. To the best of my knowledge, my presentation does not violate any proprietary or personal rights of others (including any copyright, trademark, and privacy rights), is factually accurate, and contains nothing defamatory or otherwise unlawful. I have the full authority to enter into this agreement and have obtained all necessary permissions or licenses from any individuals or organizations whose material is included or used in my presentation.
- I. I authorize the scientific committee of 55th Indian Orthodontic conference to furnish my name, photo, and C.V for promotion of the conference.
- J. I agree that my presentation may be recorded and streamed on social media / website for the benefit of other fraternity members.
- K. I have not presented paper consecutively both in Kochi and Bhubaneswar Conferences as invited Guest Speaker.
- L. If I am selected in Competitive Oral Presentation Category, then I will inform the Scientific Chairman whether I want my presentation to be listed in the Guest Speaker Category or Competitive Category.

(Only One Oral Presentation by One Speaker is permissible.)

Please furnish your Name and Affiliation as required to be displayed:

Name: _____

Affiliation: _____

Please provide your Contact details:

Mobile Number: _____ E-mail: _____

Mailing Address: _____

By signing this form, I understand and agree to the above terms and conditions.

Speaker Signature

Date