



SPEAKER'S CONTRACT

EVENT: _____ DATE: _____

SPEAKER'S NAME: _____ PHONE: _____

MAILING ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROGRAM TITLE: _____

Brief Description: _____

Length of time desired for program: _____

STAGING: LECTURN/PODIUM ____ TABLES: YES/ NO #. Of tables: ____ Skirted: YES / NO # On Stage: ____ # Off Stage: ____

TECHNOLOGY: MICROPHONE (Wireless if available) ____ LCD VIDEO PROJECTOR: _____
DVD PLAYER: ____ PROJECTION SCREEN: _____

NOTE: LAPTOP TO BE PROVIDED BY SPEAKER

ASSISTANCE NEEDED FOR SET-UP/TAKE DOWN OF PROGRAM: YES / NO # of people needed: _____

TIME NEEDED FOR SET-UP _____ TIME NEEDED FOR TAKE-DOWN _____

FINANCIAL ARRANGEMENTS:
Speaker's fee: _____
Transportation _____
Flowers _____
Extras: (Lodging, meals, etc.) _____ TOTAL FEES: \$ _____

SIGNATURE OF SPEAKER WITH DATE: _____

TO BE COMPLETED BY CHAIR

Time of program: _____ am / pm Time allotted: _____

What precedes and follows this program: _____

Name & Location of Event: _____

City: _____ State: _____ Phone: _____

PLEASE COMPLETE TOP PORTION OF THIS CONTRACT AND RETURN TWO COPIES TO THE EVENT CHAIR; WHO IN TURN WILL SEND A COPY OF THE ACCEPTED CONTRACT BACK TO THE SPEAKER

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Email Address: _____

EVENT CHAIR SIGNATURE AND DATE OF ACCEPTANCE: _____