West Sound Quilters Guild

Speaker Contract

Date: _____, 20____ **Date of Presentation** _____

Speaker's Name: _____ **Phone:** ( ) _____

( ) _____

Business Name: _____

Taxpayer Identification Number (Soc Sec # EIN): _____

Address: _____ **Email:** _____

_____

Presentation Title: _____ **Fee:** _____

Travel Reimbursement

Mileage Rate: per IRS gov rate: _____

Meal Per Diem per IRS gov rate: _____

Overnight accommodation at a nearby hotel: _____

Incidental fees, such as roadway tolls, parking fees, etc. _____

Other fees: (Specify) _____

West Sound Quilters agree to pay any additional amount with permission.

Deposit: The presenter does _____, does not _____, require a deposit of $_____ for the program. The deposit, if required, will be provided to the presenter by _____ (date). This deposit shall be fully refundable if the presentation is cancelled due to inclement weather, at the presenter's request, or due to the facility's unavailability for the presentation.

Presentation

Location: Port Orchard Fraternal Order of Eagles at 4001 Jackson Ave SE. Port Orchard, WA 98366

Presentation Time: The presentation begins at approximately 6:30 pm and runs for around 60 minutes.

1. The presenter agrees to present the program listed above on the date and time specified.
2. The presenter agrees to return this signed contract to West Sound Quilters along with a list of equipment needed for the presentation by _____ (Date).
3. The presenter requires the following special items for the presentation.

   _____

4. The presenter agrees to give this commitment precedence over any scheduling conflicts. Presenter understands and agrees to the stipulations and conditions listed by West Sound Quilters.
5. The West Sound Quilters agree to provide the auditorium and equipment set-up and will make every effort to comply with special requirements as requested for the presentation listed above.
6. The presenter may bring books or other materials to sell during the break.

West Sound Quilters

Dated this ___day of _____. 20 ____

_____

By: 1st Vice President West Sound Quilters

Karen Bodeutsch

Address: 2178 Hastings Ln. S.E.

Port Orchard, WA 98367

Phone: (360) 509-4645

Email: ckbodeutsch@msn.com

Presenter

Dated this ___day of _____, 20____

_____

By: _____

Return signed form to: West Sound Quilters, C/O the 1st Vice President, at the above address.