

Program Agreement with *Jennifer Sedlock*

Client and Event Information

Client: _____

Authorized Representative: _____ Title: _____

Address: _____

Presentation Date: ____/____/____ Estimated Attendees: _____

Total Time: _____ Starting Time: _____ Ending Time: _____

Title of Presentation: _____

Program Fees and Expenses

Speaking Fee \$ _____ Plus Expenses (Coach class roundtrip airfare, ground travel, tips, food, lodging and duplication of necessary handouts.)

Deposit Due \$ _____ One half of the speaking fee is required as a confirmation deposit, to be returned with this signed agreement. (Balance is due upon completion of presentation.)

Speaking Fee payable to: Jennifer Speaks!

Expense Reimbursement payable to: Jennifer Sedlock

Cancellation Policy

Cancellation notice within 30 days or less of event will result in loss of deposit.

Equipment, Materials and Requests

Lavaliere Microphone _____, Easel and Flip Chart _____, White board _____,

Overhead Projector _____, Slide projector _____, multimedia projection system _____.

Materials: # Handouts _____ Other _____

_____ **Please include directions from hotel to the event or address.**

_____ **Please do not use recording devices unless approved by the speaker.**

_____ **Please complete, sign and return this agreement within 10 days.**

Authorized Signature _____ Date: _____

Jennifer Sedlock _____ Date: _____

Jennifer Speaks!
Speaking to both the head and the heart!
(760) 635-3305
www.JenniferSpeaks.com