



CMEA BAY SECTION FALL CONFERENCE CLINICIAN/ARTIST CONTRACT

A W-9 tax form must be completed and returned with this contract for all presenters. A blank W9 is on our webpage as needed.

Clinician/Artist Info:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Clinic(s) Under Contract:

Clinic Name: _____

Clinic Date: _____ Time: _____ Location: _____

Clinic Name: _____

Clinic Date: _____ Time: _____ Location: _____

The clinician will provide final session titles and descriptors to the CMEA Bay Section Special Representative no later than August 15th. Transportation to and from the Conference site is the responsibility of the Artist/Clinician.

Equipment Required for Contracted Sessions:

1) _____

2) _____

3) _____

Financial Details:

Clinician Artist Fee: _____ Conference Fees Waived (Y/N): _____

Hotel accommodations are not a part of this contract unless prior arrangements have been made with the CMEA Bay Section Special Representative.

AGREEMENT

I, the undersigned Clinician/Artist, do hereby agree to accept and honor the terms of this contract and assume the responsibility for my fulfillment thereof. In return for the services of the above named clinician/artist on the above named dates, CMEA Bay Section agrees to assume the responsibility of payment for the Financial Details listed above.

Clinician/ Artist Signature: _____ Date: _____

Special Representative Signature: _____ Date: _____

Special Representative Title: _____