



CMEA Bay Section

Fall Conference: Conductor Contract

Please type or print:

CONDUCTOR INFORMATION: *All fields must be completed*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Fax: _____

A W-9 tax form must be completed and returned with this contract. A blank W-9 form is available on our website as needed.

FINANCIAL DETAILS: *Complete all fields that pertain*

Friday Night Lodging at the Conference Hotel: Total Fee Paid to Conductor: _____

ADDITIONAL DETAILS: *Complete all fields that pertain*

Contracted Rehearsals/Clinics (Dates and Times): _____

Performance Date: _____ Time: _____

The Conductor will provide a biography (320–350 words) and high-resolution photo (300 dpi) to the CMEA – Bay Section Special Representative no later than August 15. Transportation to and from the Conference site is the responsibility of the Conductor.

AGREEMENT

I, the undersigned Conductor, do hereby agree to accept and honor the terms of this contract and assume the responsibility for my fulfillment thereof.

Conductor's Signature: _____ Date: _____

In return for the services of the above named Conductor on the above named dates, CMEA Bay Section agrees to assume the responsibility of payment for the Financial Details listed above.

Special Representative's Signature: _____ Date: _____

Special Representative's Title: _____ Email: _____

NOTES: CMEA members who are contracted clinicians are required to register for the conference. Print and sign three copies: one for the Executive Treasurer, one for the Special Representative, and one for the Conductor.