

## **SPEAKING AGREEMENT**

Contact Name: Date:	
Organization:	
Street Address:	
City, State, Zip:	
Please Select Event Type: ☐ Keynote Presentation ☐ Workshop ☐ €	Coaching
Desired Event Date: Time Beginning: Time Ending:	:
Title Of Presentation:	
A/V REQUIREMENTS: Wireless Lapel or cordless handheld Mic, 6-8ft table for	Resources
Fee: \$ SEND CHECKS TO: Stephanie Call. (Please make checks payable to Stephanie Barney) 253 Michaels D Deposit: \$ Hollister, M0 6	r.
(Must be at least 50% of Total Fee)	
Deposit due upon receipt of this statement to reserve booking date.	
Expenses (Meals, Transportation, and/or Lodging): \$	
FEE BALANCE: \$\ Balance is due one week prior to engage *A Late fee of 10% will be assessed for late payments	ement.
CANCELLATION CLAUSE: If the client cancels the engagement for any reason days prior to the agreed upon date of the presentation, the client will forfeit the REFUND CLAUSE: In the event of a cancellation as outlined in the cancellation	he deposit.
Stephanie Barney will refund the deposit if she is able to re-book the date.	
<b>AUDIO/VIDEO TAPING CLAUSE:</b> No audio/video recording of presentation is during presentation unless previously arranged by Stephanie Barney. Any infrirthis clause is subject to a fine. Stephanie Callahan retains the right to record a the presentation including testimonials for promotional purposes.  Please Select All Applicable:	ngement of
☐ Stephanie "Spark" Callahan is allowed to sell resources at the event.	
☐ Your group would like to purchase books/ cds at a group discount.	
Signed: Date:	