



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: \$ _____
(Please make checks payable to Stephanie Barney)

SEND CHECKS TO: Stephanie Barney
253 Michaels Dr.
Hollister, MO 65672

Deposit: \$ _____
(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 engagement.

**A Late fee of 10% will be assessed for late payments*

CANCELLATION CLAUSE: If the client cancels the engagement for any reason less than 60 days prior to the agreed upon date of the presentation, the client will forfeit the deposit.

REFUND CLAUSE: In the event of a cancellation as outlined in the cancellation clause, Stephanie Barney will refund the deposit if she is able to re-book the date.

AUDIO/VIDEO TAPING CLAUSE: No audio/video recording of presentation is allowed during presentation unless previously arranged by Stephanie Barney. Any infringement of this clause is subject to a fine. Stephanie Barney retains the right to record all portions of the presentation including testimonials for promotional purposes.

Please Select All Applicable:

- Stephanie is allowed to sell resources at the event.
- Your group would like to purchase books/ cds at a group discount.

Signed: _____ Date: _____