

Speakers Agreement (Page 1 of 2)

Please complete, sign and return a copy of this agreement. Keep original for your records. The speaking engagement date(s) are confirmed upon receipt of this signed agreement and the retainer.

1. Contracting Organization or client: _____
2. Mailing Address: _____
3. Telephone: _____
4. Email: _____ Website: _____
5. Contact Person: _____ Office phone: _____
6. Cell phone (day of the event) : _____



7. Date(s) of Speaking Engagment: _____
8. Meeting City & State: _____
a) Address of where Speaker will speak:



9. **Honorarium:**

10. **Speaker's Transportation and Lodging Information:**

11. **To reserve a speaking date, sign and return with retainer within 15 days:**

Please complete and sign page 2 and return a copy of agreement, with 50% of the agreed upon honorarium as a non-refundable retainer fee. Speaking engagement dates are considered firm upon receipt of the retainer. The balance of the speaker honorarium is due 10 days prior to the speaking engagement.

12. **Course Handouts**

Client will receive a customized handout by email 4-6 weeks prior to the program.

*Infection Control
OSHA
Dental Practice Act
HIPAA*

PO Box 542
Copperopolis, CA 95228
888.853.7543 toll free
209.785.4458 fax
Leslie@LeslieCanham.com
www.LeslieCanham.com

13. **Title of Program** _____

14. **Speaker's Meeting Room Needs:**

- a) 6 foot table at head of room for speaker's papers, water and water glass
- b) Classroom style seating is preferred by audiences, if round tables are used, seats should be placed at half rounds.

15. **Audio Visual Needs:**

Speaker requests:

- a) Lavalier microphone wireless preferred
- b) LCD Projector, sound cord, and large screen at **right front or left front** of the room for presentation slides. Leslie prefers to stand at center of stage. For large groups (over 300 people) two screens are desirable.
- c) AV table with electric cord at the front of room for speaker's laptop.

16. **Program Schedule:**

Client is asked to complete below. If speaker is speaking more than 1 day or in additional breakouts, please provide schedule for all programs.

Program Start, End, Break Times

Registration: _____
 Program Starts: _____
 AM Break: _____
 Program Resumes: _____
 Lunch Break: _____
 Program Resumes: _____
 PM Break: _____
 Program Ends: _____

Please call our office at **888-853-7543** or email us at leslie@lesliecanham.com if there are any questions.

Organization: _____ Date: _____

Signed: _____ Title: _____
For Hiring Organization - Client

Signed: _____ Date: _____
Leslie Canham, CDA, RDA- speaker

