



CMEA Bay Section

Winter Conference: Clinician/Artist Contract

Please type or print:

CLINICIAN/ARTIST 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. If the Clinician/Artist is an active CMEA – Bay Section Board Member, a W-4 tax form must be completed and submitted.

CLINICS UNDER CONTRACT: *Additional clinic information on back or attached separately*

Clinic Name: _____

Clinic Date: _____ Time: _____ Location: _____

Clinic Name: _____

Clinic Date: _____ Time: _____ Location: _____

FINANCIAL DETAILS: *Complete all fields that pertain*

Clinician/Artist Fee: _____ Membership Waived: Registration Fee Waived (as Payment):

ADDITIONAL DETAILS: *Complete all fields that pertain*

Equipment requirements for contracted sessions: _____

The Clinician will provide session titles and descriptors to the CMEA – Bay Section Special Representative no later than October 14. Transportation to and from the Conference site is the responsibility of the Clinician/Artist.

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.

Clinician/Artist's Signature: _____ Date: _____

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.

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 Clinician/Artist.