

Sample - Creative Motion Workshop Clinician/Sponsor Contract

Clinician(s):
Sponsoring Organization:

Sponsor/Contact Name _____ Telephone: _____

Type of Workshop ___ hour inservice workshop, two clinicians
 ___ hour introductory session/inservice
 ___ hour (1 day) mini-workshop
 ___ hour (2-day) mini-workshop

Date of workshop:

Time of workshop:

The sponsor agrees to pay the clinician(s) a total of \$_____ in presentation fees.
Of this total, \$_____ will be paid to clinician _____
And \$_____ will be paid to clinician _____

Checks will be issued to clinicians as soon as possible after the conclusion of the workshop.

The Sponsor agrees to meet the supply requests and room/equipment requirements of the clinicians.
Sponsor will be notified of specific requests by _____
Selected date 2-3 weeks prior to event

If the workshop must be cancelled by the sponsoring organization, or by the clinician, a cancellation fee payable to the other party will apply as follows:

On or before _____ (8 weeks prior to workshop), no cancellation fee.
6-7 weeks prior to workshop – dates _____ 25% of contracted amount \$_____
3-5 weeks prior to workshop – dates _____ 50% of contracted amount \$_____
1-2 weeks prior to workshop – dates _____ 75% of contracted amount \$_____

In the event cancellation is necessary due to weather conditions or illness the cancellation fees will be waived.

Clinicians:

Clinician signature

Clinician signature

Date

Date

Sponsor: _____

Sponsor signature

date