

SERVICE AGREEMENT

PRESENTER:

Name:

Address:

Telephone/Fax:

Email address:

SERVICE PROVIDER:

Name/ Group:

Address:

Telephone/Fax:

Email address:

Service Provider agrees to provide:

EVENT TITLE:

PERFORMANCE LOCATION:

PERFORMANCE DAY(s)/ DATE (s) / TIME(s):

FEE FOR SERVICES: \$

PLEASE MAKE OUR CHECK OUT TO:

W-9 on file <<http://www.irs.gov/pub/irs-pdf/fw9.pdf>>

SERVICE PROVIDER REPRESENTATIVE:

Signature: _____ Date: _____

PRESENTER:

Signature: _____ Date: _____