

# Marilyn Levin

MSW, CAPSW

## Engagement Contract

Sponsoring Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Date(s) and Times of Engagement: \_\_\_\_\_

Location of Engagement: \_\_\_\_\_

Description of Engagement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Room set up needs and audiovisual requirements: \_\_\_\_\_

\_\_\_\_\_

Contracted Fee: \_\_\_\_\_

Additional Expenses: \_\_\_\_\_

\_\_\_\_\_

### Conditions of Agreement:

1. Deposit of 25% of Contracted Fee is due upon Signing of contract to confirm date(s).

2. The remainder of the Contracted Fee is made payable to Marilyn Levin on the date of the engagement (unless other arrangements have been made).

3. The following Cancellation fees (based on contracted fee) will apply: 61-90 days notice (25%), 31-60 day notice (50%), 30 days or less notice (75%).

4. Audio and video recorders may be used during engagement with permission of Marilyn Levin.

THE ABOVE INFORMATION IS ACCEPTED BY:

Presenter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_