

Marilyn Levin

MSW

Consulting Contract

Sponsoring Organization: _____

Contact Person: _____

Address: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Fax: _____

Date(s) of Engagement: _____

Description of Engagement: _____

Contracted Fee: _____

Additional Expenses if any: _____

THE ABOVE INFORMATION IS ACCEPTED BY:

Consultant Signature: _____

Date: _____

Client Signature: _____

Date: _____

Consultant Contact Information:

Marilyn Levin, 8705 Welles Harbor, San Antonio TX 78240

Marilyn@marilynlevin.com Cell 512-940-6202 Fax 512-532-0329 <http://www.marilynlevin.com>

