

# PRESENTATION AGREEMENT

\_\_\_\_\_  
\_\_\_\_\_

## CLIENT INFORMATION:

Company/Group: _____	
Contact <u>prior</u> to meeting: _____	Title: _____
Address: _____	
_____	
Phone: _____	Fax: _____
Contact at meeting (if different than above): _____	
Phone: _____	Fax: _____

## PROGRAM INFORMATION:

Day and Date of Conference: _____
Conference Theme: _____
Day & Date of Mr. Tewart's Presentation: _____
Time(s) of Mr. Tewart's Presentation: _____
Est. Total Attendees at Conference: _____

## PROGRAM LOCATION:

Location: _____	Location Contact: _____
Address: _____	
City, State, Zip: _____	Phone: _____
Nearest Airport: _____	Dist. From Airport: _____
Ground Transport Details: _____	

## LOGISTICS:

Audience Size: _____	# Men: _____	#Women: _____		
Ages: _____	Spouses?: _____			
Gen'l Description of Audience: _____				
_____				
Who Spoke At This Meeting Last Year? _____				
Attire:	<input type="checkbox"/> Formal	<input type="checkbox"/> Business	<input type="checkbox"/> Business Casual	<input type="checkbox"/> Casual/Jeans

**PRESENTATION AGREEMENT: Tewart Enterprises and \_\_\_\_\_**

**RE-IMBURSED EXPENCES\*:**

<input type="checkbox"/> Hotel _____	Confirmation #: _____
Non-Smoking/King Bed Requested - Please Direct Bill	
Check In: _____	Check Out: _____
<input type="checkbox"/> Airfare - Coach Class Round Trip To Be Arranged By Mr. Tewart's Office	
<input type="checkbox"/> Airport Parking	<input type="checkbox"/> Ground Transportation
<input type="checkbox"/> Mileage @ \$ _____. ____ per mile	<input type="checkbox"/> Car Rental
*Other Expenses Include Meals and Duplication of Hand Out Materials.	

**COMPENSATION:**

Fee: _____	
Deposit Required: _____	Deposit Amount: \$ _____
All Remaining Fees Are Due <u>Immediately</u> Upon Completion Of Sessions	
Expenses Will Be Billed Net 10 Days Within 30 Days Of Presentaion.	
<b>Please Make Checks Payable To: Tewart Enterprises Inc.</b>	For Tax Records: Tewart Enterprises Inc EIN# 48-1147609

**ADDITIONAL CONDITIONS/COMMENTS:**

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**.. IMPORTANT..**

**PLEASE READ:** By signing this agreement, total fee (compensation) becomes payable and due in the event of cancelation by client within 30 days of engagement. All deposits are non-refundable within 60 days of engagement. In event of cancellation after agreement is signed, all expenses incurred up to that date (including airfares, etc.) will be reimbursed by client. In the unlikely event of cancelation by Mr. Tewart's office, all deposits and fees are totally refundable and this agreement will be null and void.

Signature also constitutes permission granted to allow Mr. Tewart to offer for sale any tapes, books or other relevent material at the workshop with the understanding that no selling will be done from platform.

Audio and/or video recording is permitted only with prior permission.

Please sign and return whit copy with deposit check (if applicable) at least 60 days in advance of engagement. Thank you.

_____	_____
signed for Tewart Enterprises Inc	signed for: CLIENT
MARK TEWART	
print name	print name
_____	_____
date	date