

PROGRAM AGREEMENT

Healing Music Enterprises hereby enters into agreement with:

Organization: _____
Address: _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Contact Person: _____ Title _____

for the professional services of **Alice H. Cash, Ph.D**, as indicated below:

Date of Program(s): _____ Time _____
Location Of Program _____
Title of Program _____ Length _____

Program Fee: \$ _____ (Plus Expenses)

Deposit: US\$ _____ (50% of Program Fee) to be paid upon confirmation of booking and returned with this signed agreement.

Balance of fee \$ _____ to be paid to Dr. Cash at the event on or before the conclusion of the presentation.

All checks should be payable to **Healing Music Enterprises**

Expenses:

Round trip coach airfare: \$ _____
From: _____ To: _____
Ground Transportation:(includes airport parking, taxis/car rental) \$ _____
Lodging and Meals:(Lodging billed direct to client when possible) \$ _____

Additional Instructions:

- A wireless lapel microphone is preferred.
- Send copies of any promotional material, invitation, or program for this event to Dr. Cash
- Dr. Cash has permission to sell her CDs, books and educational items at the event.

This agreement is binding when signed by all parties hereto. The organization representative, in signing this agreement, acknowledges authority to do so and assumes liability for the amount of fee stated herein. Payment of total fee is guaranteed unless cancellation of this agreement is made in writing at least 30 days prior to the scheduled presentation. Deposit is not refundable. Dr. Cash agrees to abide by the ethics of the National Speakers Association at all times.

SPEAKER: _____ CLIENT: _____
Alice H. Cash, Ph.D. **Organization Representative**

DATE: _____ DATE: _____

Please sign each copy. Keep one copy for your files and return the other along with deposit to:
Alice H. Cash, Ph.D., 2720 Frankfort Avenue., Louisville, KY. 40206
Phone: 502-419-1698 Fax: 502-899-3537