

CMEA BAY SECTION
THE CALIFORNIA ASSOCIATION FOR MUSIC EDUCATION
WINTER CONFERENCE CLINICIAN CONTRACT

NAME OF CLINICIAN:

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: CELL: EMAIL:

CLINIC 1 NAME:

CLINIC 1 DATE: TIME: LOCATION:

CLINIC 2 NAME:

CLINIC 2 DATE: TIME: LOCATION:

I, the undersigned clinician, do hereby agree to accept and honor the terms of this contract and assume the responsibility for my fulfillment thereof.

CLINICIAN'S SIGNATURE:

DATE:

In return for the services of the above named clinician on the above named dates, CMEA Bay Section agrees to assume the responsibility of payment for the following:

Lodging at the Conference Hotel	T	F	Friday Lunch at the Conference
Session Fee:	Travel Expenses:	Other Meals:	
Miscellaneous:	Total Fee Paid to Clinician:		

Special Representative Signature:

Date:

Special Representative Area:

Transportation arrangements to be made by:

Lodging/meals arrangements to be made by:

Clinician to be met by: At:

Additional requirements or comments:

Notes: CMEA members who are clinicians are required to register for the conference, as per organization by-laws.

Print and sign three copies: one for the Executive Treasurer, one for the Special Representative, and one for the Clinician.