



Thank You for Booking an Inspiring and Informative Program
with Dr. Linda J. Ferguson

To book an event with Dr. Linda Ferguson, read and complete the entire document

AGREEMENT TO BOOK EVENT WITH DR. LINDA J. FERGUSON

Client: _____ agrees to hire Dr. Linda J. Ferguson,
President, New Paradigm Alliance for an event on: _____ (date of event).

This program will be a: keynote address, workshop, seminar, other _____:
(circle one and describe here)

The location of the event will be _____

The starting and ending times of Dr. Ferguson's program will be _____

If meals and/or breaks are provided please indicate time of these. _____

Note: Dr. Ferguson requires a vegetarian meal if food is provided.

The title of her program will be: _____

Expenses for A/V equipment will be paid by the Client. Dr. Ferguson will notify Client of specific
A/V equipment needs no less than 15 calendar days prior to the event.

Other pertinent information about the program is as follows:

Client needs a photo of Dr. Ferguson for their publicity ___ yes ___ no

Client needs a brief description of the program for their publicity ___ yes ___ no

Specify length and format of description needed and due date to receive description:

Other: Client will provide Dr. Ferguson with a summary of evaluations and participant comments if they are collected.

Products Sold:

Dr. Ferguson will be allowed to sell her products at a table or booth provided by the Client in a mutually agreeable location at this event. Products sold will be paid directly to “Linda J. Ferguson” unless otherwise described here:

(Check One) Client ___ will not receive a portion of Dr. Ferguson’s product sales revenue
___ will receive _____% of after-tax product sales revenue

Dr. Ferguson will arrange with Client the logistics for shipping and set up of her products no less than 20 calendar days prior to this event.

Copyrights of Dr. Ferguson’s Materials used for Event:

Dr. Linda Ferguson retains all copyrights to materials she develops, uses, and distributes at this event.

Audio or Video documentation of Dr. Ferguson’s event will be done subject to the following conditions:

Client Agrees to the Following Fees and Schedule:

Event date will be reserved for 30 days, at which time the required \$500 deposit is due or the event date reservation is cancelled.

Event Fee: Dr. Ferguson's fee for this event will be _____.

A deposit of \$500 is required at the time of signing this agreement to hold the booking. Deposit will be sent to address provided below.

Travel

If the event is more than 30 miles from Reston Town Center, Reston VA, then Travel, Room, and Meal Per Diem must be provided for Dr. Ferguson. All travel, including airfare and/or mileage, parking, tolls, and overnight accommodation will be paid fully by Client. Mileage will be reimbursed at \$.50/mile. Per Diem rate for meals will be \$60. Additional travel and expense arrangements are as follows:

Cancellations or Re-Scheduling:

The deposit will be returned in full if the Client cancels at 90 calendar days or more before the event, or credited for another engagement with Dr. Ferguson if client re-schedules at 90 calendar days or more before the event.

If Client cancels engagement 60-89 calendar days prior the event, 50% of the deposit will be returned to client. No portion of the deposit will be refunded if client cancels the event for any reason less than 60 calendar days prior to the event.

If the event needs to be rescheduled less than 90 days before the event, it is up to the Client to re-book with Dr. Ferguson and sign another agreement form. Another deposit of \$500 will be due to hold the newly scheduled date. The fees established here for the event may or may not apply for a re-scheduled program.

Payment:

The balance of the Event Fee, plus any travel related expenses incurred by Dr. Ferguson not previously paid by Client, will be paid to Dr. Linda Ferguson within 30 days of the completed event. (Check one) Client ___ does ___ does not need receipts of Dr. Ferguson's expenses.

Checks for event deposit, travel expense reimbursement, and final Event Fee payment will be made out to: **Linda J. Ferguson**

If payment is not made to Dr. Ferguson in person at the end of the event, then send checks to:
1782 Jonathan Way, Room F, Reston, VA 20190

In the event that Dr. Ferguson cannot make the event due to travel disruption, illness, or family emergency, the deposit will be returned in full, minus any travel expenses already paid by Dr. Ferguson for this engagement. Dr. Ferguson will make her best effort to give at least a 24 hour notice if cancellation is necessary. Dr. Ferguson adheres to best business practice and speaker ethics to fulfill her obligation to complete the program outlined here. Client agrees to indemnify, defend, and hold harmless Dr. Linda J. Ferguson and New Paradigm Alliance from and against any lawsuit or action initiated against Dr. Ferguson as a result of this engagement.

Please sign and send this contract with your **\$500 deposit** to the address above. Retain a copy for your records. This agreement can be sent via email with deposit payment still due 30 days from reservation date to hold event reservation. Email to: ljfergusonphd@gmail.com

X _____
Client's Signature

X _____
Dr. Linda J. Ferguson,
President, New Paradigm Alliance

Date: _____

Date: _____

Questions?? Call: 540-588-5928

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