



Missouri Music Educators Association
C'Hgf gt cvgf "Ucvg"Cuqekc vkqp'qH'vj g'P cvkqpcr'Cuqekc vkqp'Iqt "O wike'Gf wec vkqp"

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Advancing Music Ed
MMEA CLINICIAN AGREEMENT

This is an agreement entered into between MMEA and:

NAME: _____ OFFICE PHONE: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Social Security Number: _____

Vq'dg'èqo r rvgf 'd{ 'O O GC'Xkèg/Rt gul'gpv'

- IN-STATE CLINICIAN (EDUCATOR)
- IN-STATE CLINICIAN (NON-EDUCATOR)
- OUT-OF-STATE CLINICIAN

The clinician named above agrees to render services at the assignment described below:

CLINIC DATES: _____ TIME: _____

CLINIC DATES: _____ TIME: _____

CLINIC DATES: _____ TIME: _____

Number of Sessions: _____ Session Length: _____



Missouri Music Educators Association
C'Hgf gt cvgf 'Ucvg'Cuqekcvkqp'qh'vj g'Pcvkqpcrl'Cuqekcvkqp'lt' 'O wike'Gf wcvkqp''

Advancing Music Ed MMEA CLINICIAN AGREEMENT SIGNATURE PAGE

Name of Clinician: _____ (Please Print)

Terms of Agreement:

MMEA agrees to pay the following expenses (pre-negotiated):
*See attached reimbursement information.

Fee \$ _____ Transportation Room Meals

O OGC't gs wkt gu'vj cv'c 'RF H'qhlj cpf qwu'r t gugpvf 'kp'c m'entpke 'uguukqpu'dg'iwdo kvgf 'grgevt qpkecmf 'vq'vj g''
crrtqrtkvg'ctgc'Xleg/Rt gulf gpv'qt'Ej ckr gt uqp'd{'Lcpwct{'320'

MY SPONSOR (Name): _____ agrees to pay for the following expenses related to my appearance (Check all that apply):

All Expenses Fee Transportation Room Meals

- 1. I have read, and I agree to, the terms and conditions stated the MMEA Conference Clinician Policies.
2. I agree to the Terms of Agreement listed above.

SIGNED: _____ DATE: _____
Clinician

SIGNED: _____ DATE: _____
MMEA Vice-President / Chairperson

SIGNED: _____ DATE: _____
Executive Director, MMEA

Mail Contract To:
Paul Swofford
MMEA Executive Director
7229 Bellefontaine
Gladstone, MO 64119