



Missouri Music Educators Association
A Federated State Association of the National Association for Music Education

BAND

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: _____

To be completed by MMEA Vice-President

- 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: _____



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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

MMEA requires that a PDF of handouts presented in all clinic sessions be submitted electronically to the appropriate area Vice-President or Chairperson by January 10.

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