



Missouri Music Educators Association
C'Hgf gt cvgf "Ucvg" Cuiqek vkqp' qh'vj g'P cvkqpcrl' Cuiqek vkqp' lqt "O wike" Gf wec vkqp"

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MIOSM

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'Cuqekcvkp'qhl'j g'Pcvkqpcrl'Cuqekcvkp'lt 'O wike'Gf wcvkqp''

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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'yj cv'c 'RF H'qhl'j cpf qwu'r't gugpvf 'kp'cml'erkpk'ugukqpu'dg'iwdo kvgf 'grgevt qpkecm' 'vq'yj g''
crrtqrtkcvg'ctgc'Xleg/Rt gul'f 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