

Missouri Music Educators Association

C'Hgf gt cvgf "Ucvg"Cuuqekcvkqp"qh'vj g'Pcvkqpcn'Cuuqekcvkqp"hqt "O wuke"Gf wecvkqp"

Technology

MMEA CLINICIAN AGREEMENT

This is an agreement entered into between MMEA a	and:			
NAME:	OFFICE PHONE:	OFFICE PHONE:		
HOME ADDRESS:	HOME PHONE:			
CITY:	STATE:	ZIP:		
EMAIL:				
Social Security Number:				
Vq'dg'eqo r ıgvgf 'd{ 'O O GC'Xlæg/Rt gulf gp v''				
☐ IN-STATE CLINICIAN (EDUCATOR)				
☐ IN-STATE CLINICIAN (NON-EDUCATO	R)			
OUT-OF-STATE CLINICIAN				
The clinician named above agrees to render services	s at the assignment desc	ribed below:		
CLINIC DATES:	TIME:			
CLINIC DATES:	TIME:			
CLINIC DATES:	TIME:			
Number of Sessions: Sessions	sion Length:			



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Technology

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
OOGC't gs wkt gu''vj cv'c'RFH''qh'j cpf qww'rt gugpvgf 'kp''cm'enlpke'u crrt qrt kcvg''ct gc''Xkeg/Rt gulf gpv''qt''Ej ckt rg	
MY SPONSOR (Name): following expenses related to my appearance (Check all that apply)	agrees to pay for the
All Expenses Fee Transportation	on 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: Clinician	DATE:
SIGNED:MMEA Vice-President / Chairperson	DATE:
SIGNED: Executive Director, MMEA	DATE:

Mail Contract To:
Paul Swofford

MMEA Executive Director

7229 Bellefontaine

Gladstone, MO 64119