

## Missouri Music Educators Association

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

## University

#### **MMEA CLINICIAN AGREEMENT**

This is an agreement entered into between M	MEA 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 (EDUCATO	PR)	
☐ IN-STATE CLINICIAN (NON-EDU	CATOR)	
OUT-OF-STATE CLINICIAN		
The clinician named above agrees to render s	ervices at the assignment described belo	ow:
CLINIC DATES:	TIME:	
CLINIC DATES:	TIME:	
CLINIC DATES:	TIME:	
Number of Sessions:	Session Length:	



## Missouri Music Educators Association

C'Hgf gt c vgf "Uc vg' Cuuqekc vkqp"qh'vj g'P c vkqpc n'Cuuqekc vkqp"hqt "O wuke 'Gf wec vkqp"

## University

# 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'\j cv'c'RFH'qh'j cpf qwxu'rt gugpvgf 'kp''cm'enkpke''uguukqpu''dg''uwdo kwgf ''gngevt qpkecm{''\q''\j g'' crrt qrt kcvg''ct gc''Xkeg/Rt gulf gpv''qt''Ej ckt r 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:		
SIGNED: DATE:		
SIGNED: DATE: Executive Director, MMEA		

Mail Contract To: Paul Swofford MMEA Executive D

MMEA Executive Director 7229 Bellefontaine

Gladstone, MO 64119