



Missouri Music Educators Association

A Federated State Association of the National Association for Music Education

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 DATE: _____ TIME OF SESSION: _____ LENGTH OF SESSION: _____

CLINIC DATE: _____ TIME OF SESSION: _____ LENGTH OF SESSION: _____

CLINIC DATE: _____ TIME OF SESSION: _____ LENGTH OF SESSION: _____

NOTE TO CLINICIANS/PRESENTERS: All financial transactions must be submitted through the MMEA website by **MARCH 1, 2020** to receive reimbursement for fees and/or expenses.



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SIGNATURE PAGE**

Name of Clinician: _____

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 to be presented in all clinic sessions be submitted electronically through the MMEA Website 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

Submit Contract Electronically:

<https://mmea.net/mmea-document-upload/>