



Missouri Music Educators Association

A Federated State Association of the National Association for Music Education

INDEPENDENT CONTRACTOR AGREEMENT OUT-OF-STATE CLINICIAN

All information to be completed by a MMEA Officer / Board Member

CLINICIAN INFORMATION

This is an agreement entered into between the MMEA and:

NAME: _____ OFFICE PHONE: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Tax ID # / Social Security Number: _____ (Only if appearance fee exceeds \$600)

SESSION INFORMATION

The clinician named above agrees to render services at the assignment described below:

SESSION 1

DATE OF APPEARANCE:

TIME OF SESSION:

LENGTH OF SESSION:

SESSION 2

DATE OF APPEARANCE:

TIME OF SESSION:

LENGTH OF SESSION:

SESSION 3

DATE OF APPEARANCE:

TIME OF SESSION:

LENGTH OF SESSION:



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Name of Clinician:

TERMS OF AGREEMENT

Sponsorship

*The sponsor listed below has agreed to provide financial support for the following expenses:

- All Expenses
- Appearance Fee
- Transportation Expenses
- Lodging
- Meals
- No Sponsorship

Sponsor Name:

Sponsor Email:

MMEA REIMBURSED EXPENSES

MMEA agrees to pay the following expenses (pre-negotiated) in accordance with MMEA Conference Reimbursement Policy:

- Appearance Fee \$
 - Transportation Expenses Airfare Ground Transportation
 - Lodging
 - Meals
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CLINIC PROMOTION

*MMEA requests that each clinician/presenter record and submit a 15-30 second video promotion for their presentation/s by **December 15, 2023.***

CLINIC HANDOUTS

*MMEA requires that a PDF of all handouts to be presented in clinic sessions be submitted through the MMEA Website by **January 5, 2024.***



Missouri Music Educators Association

INDEPENDENT CONTRACTOR AGREEMENT OUT-OF-STATE CLINICIAN

INDEPENDENT CONTRACTOR AGREEMENT between the Missouri Music Educators Association (Hiring Party)
and _____ (Independent Contractor).

The parties hereby agree as follows:

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 as stated in this agreement.
 3. All receipts for reimbursement must be submitted by the clinician/presenter, to the appropriate MMEA VP/Chair by **FEBRUARY 15, 2024**. *Note: Expenses/receipts submitted after the deadline will not be reimbursed.*
 4. All financial and/or reimbursement transactions must be submitted through the MMEA website by **MARCH 1, 2024** to receive reimbursement for fees and/or expenses. *NOTE: The MMEA Board Member contracting the service will complete the online submission.*
 5. All checks must be cashed within **60 Days** of issue.
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SIGNED: _____ DATE: _____
Clinician

SIGNED: _____ DATE: _____
MMEA Vice-President / Chairperson

SIGNED: _____ DATE: _____
President, MMEA

SIGNED: _____ DATE: _____
Executive Director, MMEA