



AGREEMENT FOR SERVICES

Agreement is made on the 7th day of October by and between and Susan Hentz & Associates, an educational consulting corporation and Alvord Unified School District, an educational organization. This speaker agreement serves as a binding contract between Susan Hentz, consultant, and this educational organization.

Contact:
Michelle Sebastian
951-509-5167

Susan Hentz will provide virtual professional development for Alvord Unified School District on October 19th and November 16th, 2021 at the all inclusive rate of \$2,500.00/(half)day for a total of \$5,000.00. She will also provide up to 10 walk through dates at the all inclusive rate of \$4,000.00/day for a total of (up to) \$40,000.00. Current dates on hold for walk through dates are Dec 8-10, 2021 and Jan 5-6, 2022; the rest of the dates are TBD. The balance is due on the seminar date, payable to: Susan Hentz & Associates. If additional services are rendered, an addendum to this contract may be made or another agreement will be provided to the district.

The educational institution will provide audio-visual equipment including a LCD projector, power strip, extension cord, sound system, cordless lapel microphone, and the meeting facility.

RESCHEDULING POLICY

If the educational institution reschedules the seminar at any time after airfare is purchased, airfare change fees associated with the travel will be added to the fee.

CANCELLATION POLICY

If the educational institution cancels the course from the date of this contract to 30 days before the seminar, an amount of 15% of the contract fee will be paid by the educational institution.

If the educational institute cancels from 29 days to 48 hours before the seminar date, an amount of 25% of the contract fee will be paid by the educational institution.

If the educational institution cancels the course less than 48 hours prior to the expected start time of the course, the total contract fee must be paid by the educational institution.

AUTHORIZED REPRESENTATIVE OF
EDUCATIONAL INSTITUTION

Consultant

By (Name): _____

By: Susan Hentz

Signature: _____

Signature: _____

Date: _____

Date: _____