



DAVIDSON

More than Magic.

AGREEMENT TO ENGAGE DAVIDSON

CLIENT: _____ Contact Person: _____

Address: City, State, Zip _____

Phone (B): _____ Fax: _____ Phone (H): _____

CONFERENCE/EVENT: _____

Date(s): _____ Venue: _____ Contact & Phone: _____

Address: City, State, Zip: _____

PROGRAM 1: _____ Time slot: _____ Audience size: _____

PROGRAM 2: _____ Time slot: _____ Audience size: _____

TOTAL PROGRAM FEE: _____ RETAINER: _____ BALANCE: _____

ADDITIONAL COMPENSATION ARRANGEMENTS: _____

*This engagement will be considered confirmed upon receipt of retainer, signed agreement, attached conditions and technical support requirements. *Please note, remaining balance is to be due prior to the conclusion of the event.*

EXPENSES:

Round trip airfare from/to: _____ Reservations made by: _____

Ground transportation arrangements: _____ Reservations made by: _____

Overnight accommodations location: _____ Phone: _____

Date(s): _____ Billing arrangements & Reservations: _____ Other: _____

Expenses not direct billed to client (transportation, parking, gratuities, food, accommodations, and handouts) will be billed by DAVIDSON and are payable within 15 days of receipt of invoice and documentation.

AUDIO AND VIDEO RECORDING: Made by prior arrangements with the speaker only: _____

PRODUCT SALES: DAVIDSON will be provided a table for product sales and/or literature. _____ (please initial)

AGREED AND ACCEPTED BY: _____

(Signature of Greg Davidson)

(Date)

(Signature of Client)

(Date)

To guarantee this date of engagement, please sign, copy and return AGREEMENT TO ENGAGE DAVIDSON, attached CONDITIONS OF AGREEMENT TO ENGAGE DAVIDSON and REQUIREMENTS FOR TECHNICAL SUPPORT with RETAINER to the address below by: _____

**Please make checks payable to: Greg Davidson, ID #593326119
110 Roswell Farms Circle, Roswell, GA 30075
770-587-0509 voice 770-587-3898 fax**

Thank you! I look forward to working with you!