

Arrangements & Agreement

Meeting Room/Staging (Sandy's preferences, if any, are indicated.)

Room Set Up: Classroom ___XXX___ Theater ___ Conference ___ Meal ___ Other ___

Staging: Raised Platform ___XXX___ If group > 100.

Lectern: Table for props at front ___XXX___

Lighting: Conducive for note taking

Microphone: Wireless, lavalier and sound system.

A/V Equip.: LCD projector ___Possibly___

Resource Materials: A master will be mailed to you for duplication for participants ___XXX___

Reference Letter*: Please mail a letter of reference or recommendation for our PR use within 2 weeks of the presentation to address below. ___XXX___

Product Table: 6' draped table for product display at room exit, available 1 hour before and after the presentation ___XXX___

Introduction: An introduction will be provided. Please bring it with you. Rehearse & read as is.

*Areas might include: 1) the extent to which the program met your goals, 2) how well the presentation was customized for your group, 3) how useful or practical the content was, 4) how well I connected with the audience.

Confirmation & Approval: Sandra Jones Campbell, RN, Ph.D. will speak to:

Company, group or agency _____

Date _____ Time _____ to _____ Program Title _____

Location _____

Contact Person _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Signature _____ Date _____

Total Fee _____ Amount of Deposit (50% due) _____ Check No. _____

Cancellation: Should the date(s) be canceled by the speaker, any deposit made shall be refunded in full. Every attempt will be made to locate a replacement speaker. Should the date(s) be canceled by anyone other than the speaker, the deposit is applicable to a future engagement for up to 12 months after the cancellation. OR if no deposit is made, 50% of the fee will be due on the date of the canceled engagement and shall be applicable to a future engagement for up to 12 months after the cancellation.

Please copy this agreement for your records. Make check payable to Winning Within Inc. Tax ID: 59-2760088. Send signed agreement and deposit check to address below.

Thank you. We look forward to serving you.



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