

# *Dr. Conte Terrell Speaks Speaker's Agreement*

This acceptance agreement is between \_\_\_\_\_ (herein called HOST) and **Dr. Conte Terrell** (hereafter referred to as "ORATOR. In consideration of the mutual covenants herein contained and intending to be legally bound hereby, the **HOST** and **ORATOR** agree as follows:

Event/Workshop: \_\_\_\_\_

Hosted By: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Time(s): \_\_\_\_\_

Topic: \_\_\_\_\_

Location: \_\_\_\_\_

**Special Accommodations required**

Travel required: Yes \_\_\_\_ No \_\_\_\_

Hotel Accommodations required: Yes \_\_\_\_ No \_\_\_\_

If so, will host be responsible for travel accommodations, hotel arrangements and cost: Yes \_\_\_\_ No \_\_\_\_

**Choose preferred payment option:**

- Speaker Agreement amount: \$\_\_\_\_\_ (initial: \_\_\_\_\_)
- Honorarium amount: \$\_\_\_\_\_ (initial: \_\_\_\_\_)
- Love Gift (initial: \_\_\_\_\_)

Please send completed form to:

Fax - 713-968-6564 or email - san81\_ko@yahoo.com or conte\_terrell@yahoo.com.

For more information contact:

Cassandra Mouton  
832-277-3472 or 713-968-6565

**Special Requests:**

Dr. Terrell requests that she is able to have a table to sell items (books, CD's, etc.) at all speaking engagements.

\_\_\_\_\_  
Host Authorized Signature/Title \_\_\_\_\_  
Date

\_\_\_\_\_  
Conte Terrell (Orator) Authorized Signature/Title \_\_\_\_\_  
Date