

***Dr. LaRita Primrose***  
***Speaker's Agreement***

This acceptance agreement is between \_\_\_\_\_ (herein called HOST) and **Dr. LaRita Primrose** (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 - 404-284-7390 or email - [laritaprimrose@yahoo.com](mailto:laritaprimrose@yahoo.com)

For more information contact:

404-217-9614 or 404-284-7393

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
LaRita Primrose, PhD (Orator) Authorized Signature/Title

\_\_\_\_\_  
Date