

**Regional Event Contract Guidelines**

Please remember this is just a template to guide you. You may alter it as needed. The yellow highlighted items are where you will fill in your specific information. The red items need to be deleted prior to sending the contract to the presenter.

**Most importantly, please send any contracts to** **regions@saqa.art** **for signature.**

If you have any questions about the contract, please contact the Regional Rep Coordinator,

**Presenter Contract**

The following agreement is made between Studio Art Quilt Associates, Inc. (SAQA), a nonprofit, educational association incorporated in the State of California, and\_\_\_\_\_\_\_\_\_\_\_**.** The following terms and conditions confirm the agreement.

SAQA shall contract with \_\_\_\_\_\_\_\_\_\_\_\_\_, a Presenter at the Name of Event to be held at the Location, dates. The lecture presentation titled *TBD* is on April 29, 2022 and will be presented for number of minutes/days at beginning and end times.

The items below are optional for the event coordinator to decide if they want these items. Remove this line before sending.

1. By (receiving date), Presenter shall provide to coordinator, name and email.
* One copy of this contract signed and dated. Please fill out all necessary contact information.
* Personal bio, up to 100 words, for the conference brochure.
* Description, up to 100 words and final title of your presentation.
* A detailed list of audio-visual equipment and other setup needs in writing.
* One headshot, jpeg file (“Image”), no smaller than 600 pixels on the shortest side.
* (Optional) – 1-3 additional photos for the website and other promotion. This can include studio shots, artwork, or other headshots.
* Signed Form [W-9 Form](https://www.irs.gov/pub/irs-pdf/fw9.pdf), (if fee is $600 USD or over).
1. SAQA shall provide, in consideration for the above-named services:
* **$\_\_\_** for session presented
* Reimbursement of travel expenses up to $\_\_\_
* Up to $\_\_\_\_ travel expenses

Payment of compensation will be sent to the mailing address provided in this contract within 30 days of the end of the conference or event. Other arrangements (such as PayPal or bank transfer) can be arranged if needed.

1. Pursuant to Internal Revenue Code Section 501(c)(3), SAQA is a tax-exempt organization, sustained in part by donations; if you would be willing to contribute, please complete the following statement: I agree to donate the following amount of my fee, **USD**$\_\_\_\_\_\_\_\_ to SAQA. The donation is tax deductible to the extent permitted by U.S. law.

Initial: \_\_\_\_\_\_\_

1. If the Conference/event does not have the required minimum number of registrants by **Date ,** SAQA reserves the right to cancel the conference and to terminate this agreement. In the event of cancellation of the conference, SAQA shall have no liability to make any payments to Presenter.
2. Presenter’s relationship with SAQA is that of an independent contractor. SAQA will pay your compensation in USD without withholding. You are responsible for all taxes and insurance.
3. This Agreement shall be construed in accordance with the laws of the State of Connecticut, exclusive of said state’s choice of law rules. Any dispute arising under this Agreement shall be resolved in the Superior Court for the State of Connecticut (the “Forum Court”). The parties hereby: (a) consent to the Forum Court’s jurisdiction, (b) agree that venue in the Forum Court is proper, (c) waive the right to move for a transfer of venue from the Forum Court on the ground that it is an inconvenient forum or otherwise, and (d) consent to personal jurisdiction in the Forum Court.
4. SAQA is authorized to edit, use, and publish presenter and session information, and excerpts therefrom, in our promotional efforts for the title of event only. This can include print, electronic, digital and/or other media, in any and all languages, and throughout the world.

TO CONFIRM their agreement to observe and perform the obligations and conditions described above, SAQA and the Presenter have signed this Agreement on the dates indicated below

9/7/2021

Martha Sielman Date

Executive Director, SAQA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Signature Date

**CONTACT INFORMATION FOR PRESENTER:**

|  |  |
| --- | --- |
| NAME:  |  |
| FULL ADDRESS: |  |
|  |  |
| EMAIL: |  |
| PHONE: |  |