



SOURCES FOR STUDENTS, LLC

HU\$TLE! Free College Education Expo

I am delighted to be working with your organization.
Please complete this form to schedule your event.

Organization: _____

Contact: _____

Person: _____

Phone: _____ Email: _____

Presentation Topic/Title: _____

Presentation Date: _____ Length of Program: _____

Location: _____

Address: _____ State: _____ Zip: _____

Booking Terms and Conditions:

Total Fee Payable: _____

Please make check payable to **Sources For Students, LLC**

Deposit Due: 50 percent of our agreed fee, with this signed agreement

Balance Due: The balance is due the date of this presentation

Travel Expenses: This will be discussed if necessary

Postponement/Cancellation: in the event the program cancellation, we will re-book the program on a mutually convenient date with no penalty if the program is rescheduled within the calendar date year. If this program is canceled and not rescheduled, the initial deposit will be considered full and complete payment.

THE ABOVE INFORMATION IS AGREED TO AND ACCEPTED BY:

Presenter: _____ Client: _____

Date: _____ Date: _____