

**AGREEMENT DEFINING SPEAKING ENGAGEMENT**

**Karen L. Anderson, PhD**

This document defines the agreement for to engage Karen L. Anderson, PhD to present at the following event.

Conference/Event title:

Speaking Date(s): Speaking Times:

Location (full name/address of conference venue):

**Suggested Presentation Fees:**

$650 for a Keynote session

$650 per 75-minute session

$1200 for a morning or afternoon (2 sessions)

$2200 for all day (4 sessions)

Presentation Topic(s) – provide desired/working title if possible

1.

2.

3.

4.

Full name and location of entity engaging Karen Anderson as a speaker:

Contact person: Name Phone:

Email address:

Name of entity engaging speaker:

Full address:

Agreed upon honorarium: Agree to a table to have products available for view Y/N

(will reduce speaking fee by 10%) Provide someone to staff table Y/N

Travel Arrangements (from Minneapolis):

□ by car □ by airlines □ to be reimbursed □ arranged by conference □ lump sum

Hotel Arrangements:

□ paid by conference □ reimbursed □ reservations by conference □ by Karen. Number nights

Conference entity agrees to remit total amount of fee/reimbursement within 30 days of event to *Supporting Success for Children with Hearing Loss*. Contact for Dr. Anderson: 850-363-9909 [karen@successforkidswithhearingloss.com](mailto:karen@successforkidswithhearingloss.com), 1775 Garland Lane N, Plymouth MN 55447



Karen L. Anderson, PhD Date Date