



The Keri Anne DeMott Foundation

1802 N Alafaya Trail
 Orlando, Florida 32826
 501c3 non-profit organization
 EIN: 81-4288688

Date:

Services Performed By:

The Keri Anne DeMott Foundation

Services Performed For:

Client Name: _____

Address: _____

City, State, ZIP Code: _____

Parties:

This is an agreement between _____ (“Client”) and The Keri Anne DeMott Foundation (KADF) effective as of _____ and is subject to the terms and conditions specified below.

Period of Service:

The services shall take place on _____ and will end on _____.

Scope of Work:

KADF will provide the following service(s):

- 45-60 Minute PowerPoint Presentation (*unless otherwise discussed prior to this agreement*)

Division of Responsibilities:

KADF:

- Delivering Impactful Presentation
- Being available for questions and conversations after program has ended.
- Advanced copy of presentation materials If requested.
- Providing 501c3 tax exemption letter, upon request
- All expenses including but not limited to travel, lodging, meals & Incidentals.

CLIENT:

- Confirming they have read and understand Program Rider that will be provided by KADF
- IT assistance day of presentation

Compensation:

- KADF and Client have agreed on a \$_____.00 fee, Donation, or Honorarium for above stated services / presentation / appearance.
- Any added services or presentations or additional requirements will be discussed by KADF and client prior to the presentation date.
- Payment, donation, or honorarium by client is due on or prior to the date of presentation

IN WITNESS WHEREOF, the parties stated above agree on the services and Responsibilities provided by both KADF and the client.

Client Representative: _____

Date: _____

Signature: _____

Email: _____

KADF Representative: _____

Position: _____

Date: _____

Signature: _____