**SPEAKER AGREEMENT**

**For Dr. Peter J. Grant, PreVision Partnership Inc.**

**(To reserve dates in Dr. Grant’s schedule please ask for email confirmation of their availability as soon as possible)**

**Organizer(s)**

*Church/Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Event Details**

*Event Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Event Time(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Event Audience: (male(s)/female(s)/ages/demographics/believers/not-yet believers/etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Event Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Any Other Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Publicity Materials & Handouts**

*This contract grants use of printed materials only for the event covered by this agreement. Please forward copies of all publicity you use for this event as it becomes available. Please indicate the materials you need by the date needed:*

**Biography** *(Available from website* [*www.previsionpartnership.com/about)*](http://www.previsionpartnership.com/about%29)

**Publicity Photo** *(Available from website* [*www.previsionpartnership.com/about)*](http://www.previsionpartnership.com/about%29)

**Content:** *Message titles and descriptions: Needed by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Handouts and/or discussion questions: Needed by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Financial Arrangements**

*Dr. Grant normally speaks for an honorarium plus expenses (payable to PreVision Partnership Inc.) including non-refundable deposit. Please complete the following breakdown of finances for the event.*

*1. $ for honorarium (due at the close of the event); this includes a 10% deposit due when making the booking.*

*2. $ for estimated expenses. An itemization of expenses will be submitted for reimbursement following the event. Expenses will include such things as meals while traveling, ground transportation, etc. Your church/organization will book and provide accommodations at the event site or at a site convenient to the event, in a private home or hotel.*

*3. $ for airfare. PreVision Partnership will arrange Dr. Grant’s airfare and this expense will be billed to you to be paid at the time the travel arrangements are made.*

**Signed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To reserve dates in Dr. Grant’s schedule please ask for email confirmation of their availability as soon as possible.**

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When confirmed, please email this form and process your 10% honorarium deposit via the PreVision Partnership Website as a donation at [www.previsionpartnership.com/Donations](http://www.previsionpartnership.com/Donations) or mail the signed agreement and check to the address below.
All checks should be made payable to “PreVision Partnership Inc.” and mailed to:
**PreVision Partnership Inc., 119 Blackberry Run Drive, Suite 100, Dallas, GA 30132-1177**Please retain a copy of the signed agreement for your records.
Thank you for inviting Dr. Grant to speak at your event.

Questions related to this agreement may be directed to info@previsionpartnership.org