



Federated Garden Clubs of New York State Inc.

292 Washington Ave Ext. STE 104

Albany, NY 12203

Phone: 518-869-6311

Speakers Agreement

Speaker Name: _____ Date: _____

Business Name (if applicable): _____

Speaker Address: _____

Speaker Email: _____

Speaker Committee Chair: _____

Title of Program: _____

Date and Time of Program: _____

Fee: _____

Floral expenses: _____

Traveling expenses: _____

Program to include: _____

Approximate length of program: _____

Equipment required: _____

Assistance required: _____

Estimated setup time: _____

Note: If fee is over \$600.00 speakers' Social Security Number is required and a 1099 form must be issued by FGCNYS. To that end, please complete and return the enclosed W-9 form.

Signed: _____ Date: _____

Event Chairman: _____ Date: _____

Please attach brief accreditation/bio and return to the Event Chairman.