



## *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.**