

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	ber is required and a 1099 form mu	st be issued
by FGCNYS. To that end, please complete and return the e	enclosed W-9 form.	
Signed:	Date:	
Event Chairman:	Date:	

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