

**Quilt Guild of Greater Victoria**

**P.O. Box 3164**

**Victoria, Texas 77903**

**Program and/or Workshop Agreement and Facts Sheet**

**Agreement**

This is to confirm our verbal understanding that (speaker)

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will conduct the following for the QGGV:

Date(s): \_\_\_\_\_

Title of Lecture Program: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Title of Workshop: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Travel expenses: \_\_\_\_\_

Speaker will provide: supply list, biography, costs of kits (if applicable).

The QGGV agrees to pay by check at the completion of the program/workshop mentioned above and reimburse expenses with receipts when submitted.

Please sign and return one copy of the agreement to the above address, along with the Facts Sheet included. A stamped self-addressed envelope is included. Please return as soon as possible.

Speaker name (print): \_\_\_\_\_

SSN or EIN (for 1099): \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_