



**CALIFORNIA MUSIC EDUCATORS ASSOCIATION NORTHERN SECTION
AGREEMENT FOR PROFESSIONAL SERVICES (I.E. ADJUDICATOR CONTRACT)**

This agreement is entered into between THE CALIFORNIA MUSIC EDUCATORS ASSOCIATION NORTHERN SECTION (herein "CMEA-NS") and _____ (herein "Adjudicator") for professional services as an Adjudicator for the _____

LOCATION, DATES & TIMES. The festival will be held at _____ on the following date(s) and times: _____

TERMS AND CONDITIONS. CMEA-NS agrees to retain and reimburse you as an Adjudicator on the above date(s), but CMEA-NS reserves the right to re-assign you to another date and location during this festival. As an Adjudicator you will render your services professionally and independently without bias or favoritism. CMEA-NS will pay you a \$50 honorarium if this agreement must be terminated within 15 days of the event. No honorarium will be paid if notice of termination is given to you prior to the 15-day time period before the event.

HONORARIA & EXPENSES: Adjudicators shall receive \$200 per day of service, plus expenses as noted below. Lunch is provided, and other meals may be provided, depending on the event. In the event of a two-day festival, lodging will be provided for the Adjudicator if he/she does not live in the immediate area. Under this agreement, mileage will be paid at the current IRS rate, plus bridge tolls and parking fees, or direct round trip airfare, whichever is less.

ADDITIONAL TERMS: By my signature, I accept the terms of this assignment and acknowledge that I am an independent contractor and not an employee of CMEA-NS and that employee benefits and worker's compensation coverage are not provided by CMEA-NS under this agreement. I understand and agree that honoraria and fees paid to each Adjudicator in the amount of \$600 or more must be reported by CMEA-NS to the Internal Revenue Service.

_____ Festival Coordinator _____
Date
_____ Adjudicator _____
Date

ADJUDICATOR INFORMATION

NAME: _____ **Social Security Number** _____

HOME ADDRESS: _____ **City** _____ **ST** _____ **ZIP** _____

PHONE (H) _____ **(W)** _____ **(C)** _____ **FAX** _____

PROFESSIONAL INSTITUTION: _____

EMAIL ADDRESS _____

Sign and return original to the festival coordinator at the following address:
