

CALIFORNIA MUSIC EDUCATORS ASSOCIATION NORTHERN SECTION

AGREEMENT FOR PROFESSIONAL SERVICES GUEST CONDUCTOR CONTRACT

This agreement is entered into between SECTION (herein "CMEA-NS") and			
for professional services as an Guest C			
for professional services as an odesi of			
LOCATION, DATES & TIMES. Th	e festival will be held at		
on the following date(s) and times:			
TERMS AND CONDITIONS. CME	EA-NS agrees to retain ar	nd reimburse you as a C	Guest Conductor on the above
date(s), but CMEA-NS reserves the rig	ght to re-assign you to ar	nother date and location	during this festival. As a Guest
Conductor you will render your servic	ees professionally and inc	dependently without bia	as or favoritism. CMEA-NS will pa
you a \$50 honorarium if this agreemen	nt must be terminated wi	thin 15 days of the ever	nt. No honorarium will be paid if
notice of termination is given to you p	prior to the 15-day time p	eriod before the event.	
HONORARIA & EXPENSES: Gues	st Conductors shall recei	ve \$250 per day of serv	ice, plus expenses as noted below.
Lunch is provided, and other meals ma	ay be provided, dependir	ng on the event. In the e	event of a two-day festival, lodging
will be provided for the Guest Conduc	ctor if he/she does not liv	re in the immediate area	. Under this agreement, mileage
will be paid at the current IRS rate, plu	us bridge tolls and parkir	ng fees, or direct round	trip airfare, whichever is less.
ADDITIONAL TERMS: By my sign	nature, I accept the terms	of this assignment and	acknowledge that I am an
independent contractor and not an emp	ployee of CMEA-NS and	d that employee benefit	s and worker's compensation
coverage are not provided by CMEA-1	NS under this agreement	. I understand and agre	e that honoraria and fees paid to
each Guest Conductor in the amount o	of \$600 or more must be	reported by CMEA-NS	to the Internal Revenue Service.
Signatures:			
Festival Coordinator		Dat	e
Guest Conductor		Dat	e
GUEST CONDUCTOR INFORMA	TION:		
NAME:	Social S	Security Number	
HOME ADDRESS:	City_	ST	ZIP
PHONE (H)			
PROFESSIONAL INSTITUTION:_ EMAIL ADDRESS			