

North Carolina Music Educators Association

Accompanist/Adjudicator/Clinician/Conductor Contract/Agreement

To be completed at time of hiring

EVENT INFORMATION

Level: Elementary/High/Middle School	District/Region/S	itatewide E	Event Type (clinic, MPA, etc.) Host School Phone		
Name of Host/Coordinator	Host Preferred Pl	none _			
Event Location	Event Address				
Event City, State, Zip					
EVENT DATE/TIME					
The named event begins///////					
and extends to/atatatatin accordance with a schedule to be furnished	(include AM/PM)				
ADJUDICATOR/CLINICIAN/CONDUCTOR/	/ACCOMPANIST	("CONTRACTOR	") INFOR	MATION	
Contractor Name	 Role (ac	companist/adjudicat	or/clinicia	n/conductor)	
Address	City	State		Zip	
Home Phone Business Phone	one	W-9 encl	osed:	_YESNO	
E-mail Address					

In compliance with prior arrangements, Contractor agrees to fulfill duties related to the said position as described above and agrees to adhere to the host's schedule, grants host permission to use their name in advertising the event, and agrees to furnish vita and a photograph if requested to do so.

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HONORARIUM
NCMEA will pay an honorarium in the amount of \$ per day orper event.
Honorarium is payable as soon after departure as permitted by the North Carolina Music Educators
Association. Payment may be expected within TEN business days of the conclusion of the event.
EXPENSE REIMBURSEMENT (NCMEA reimbursement form required)
Travel: NCMEA to reimburse travel expense:YESNO
The North Carolina Music Educators Association shall reimburse travel expenses at the following rates:
Automobile
Round trip travel from your hometown to the event venue reimbursed at \$.55 per mile.
Total round trip miles estimated:
NCMEA does not pay for the use of a rental car.
Flight
Lowest Coach. It is the responsibility of the Contractor to make their own travel arrangements
including travel cancellation insurance. NCMEA will reimburse travel expenses within ten (10) business
days of the conclusion of the event.
NCMEA Contact will meet Contractor at airport:YESNO
Lodging: NCMEA will provide lodging:YESNO
Meals:
Meals to be included as part of the Contractor's honorarium
NCMEA will reimburse the Contractor for meals at the following rates:
Breakfast \$9.00 Lunch \$11.80 Dinner \$20.50
Total number of reimbursable meals: Breakfast Lunch Dinner
Receipts are required to be submitted for all reimbursements. NCMEA does not pay for or reimburse for

PROVISION FOR CANCELLATION

alcoholic beverages.

THE CONTRACTOR MAY CANCEL THIS AGREEMENT under circumstances which are beyond their control such as hospitalization/physical disability, serious illness, death in the immediate family, train or plane cancellation/accident. Contractor will notify NCMEA staff immediately if any emergency prevents them from participating and releases NCMEA of any payment agreement. Contractor may suggest a substitute of equal respect and experience to participate in Contractor's absence. NCMEA reserves the right to accept or deny a contractor of equal respect and experience as suggested by Contractor and, may designate a substitute contractor to participate in Contractor's absence.

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NCMEA MAY CANCEL THIS AGREEMENT for acts of God, war, government regulation, disaster, fire, medical epidemic, strikes, threats or terrorist attacks, civil disorder, curtailment of transportation facilities, or other similar cause beyond the control of all parties, when such events make fulfillment of the terms of the Agreement inadvisable, illegal, impossible, or commercially impractical.

IN THE EVENT OF CANCELLATION OF THIS AGREEMENT the party so cancelling shall notify the other party at the earliest possible date prior to the event date. Proper cancellation by mutual agreement relieves the other party of all obligations. THIS CONTRACT NOT VALID WITHOUT <u>ALL</u> SIGNATURES.

This Agreement is governed by the laws of the State of North Carolina. Event Host/Coordinator Date Accompanist/Adjudicator/Clinician/Conductor ("Contractor") Date SIGN AND RETURN CONTRACT TO EVENT HOST/COORDINATOR BY: Date

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