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/Statewide | Event Type (clinic, MPA, etc.)

_____ _____ _____

Name of Host/Coordinator | Host Preferred Phone | Host School Phone

_____ _____

Event Location | Event Address

_____

Event City, State, Zip

EVENT DATE/TIME

The named event begins _____/_____/_____ at _____
Month Day Year Time (include AM/PM)

and extends to _____/_____/_____ at _____
Month Day Year Time (include AM/PM)
in accordance with a schedule to be furnished by the host.

ADJUDICATOR/CLINICIAN/CONDUCTOR/ACCOMPANIST ("CONTRACTOR") INFORMATION

_____ _____

Contractor Name | Role (e.g. accompanist/adjudicator/clinician/conductor)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ W-9 enclosed: _____YES _____NO

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.

HONORARIUM

NCMEA will pay an honorarium in the amount of **$_____** *(select one:)* ____per day or ____per 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: _____YES _____NO
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

NCMEA will reimburse the lowest coach fare. 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: _____YES _____NO

Lodging: NCMEA will provide lodging: _____YES _____NO

Meals:

_____Meals not provided by the event coordinator are the responsibility of the Contractor and will not be reimbursed.

_____Meals not provided by the event coordinator will be reimbursed by NCMEA 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 alcoholic beverages.

PROVISION FOR CANCELLATION

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.

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 ALL SIGNATURES.

GOVERNING LAW

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