



**HOPE EMPOWERED**  
 Ha Tran ☞ Ha for Hope  
 P.O. Box 3138  
 Beverly, MA 01915  
 978-473-2190  
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**PRESENTATION AGREEMENT**

Sponsoring Organization/Company: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Program Title: \_\_\_\_\_

Presentation Date: \_\_\_\_\_ Time: \_\_\_\_\_ Length: of Program: \_\_\_\_\_

Estimated Attendees: \_\_\_\_\_

Event Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Hotel Name and Phone: \_\_\_\_\_

Hotel Address: \_\_\_\_\_ Confirm #: \_\_\_\_\_

Terms of Agreement: **SPEAKING FEE \$** \_\_\_\_\_ **US Funds – Fee Plus expenses**

Books @ \$ \_\_\_\_\_ Each → Total: \$ \_\_\_\_\_

One half of the fee is required to confirm the speaking date and is to be returned with the signed agreement. The balance of the fee is due the day of the speaking engagement. Expenses will be billed, payable upon receipt of invoice.

**Amount due with signed agreement: \$** \_\_\_\_\_ **Make check payable to: Ultimate Office Solutions**

In case of cancellation up to 90 days in advance of the presentation, a cancellation fee of 50% of the presentation fee is due. From 30 to 90 days, a fee of 75% of the presentation fee is due. Cancellation less than 30 days in advance will be billed at the full fee.

No recording devices of any kind are to be used during the presentation without the written consent of Ha Tran, Hope-Empowered. If you are delighted with Ha's presentation, we request a letter of recommendation and two references of individuals who might like to have Ha speak to their organizations.

To confirm the presentation, please execute this agreement and return the original to:  
 Ha Tran, Hope-Empowered, P.O. Box 3138, Beverly, MA 01915, EIN 65-1246505.

Full designation of sponsoring organization/company

Authorized Signature: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Speaker: Ha T. Tran Signature: \_\_\_\_\_ Date Accepted: \_\_\_\_\_