

### Workshop Participant Contract

By signing below, I agree to participant in the \_\_\_\_\_ workshop and all the activities pertaining to this program. For my participation, I agree to compensation in the amount of \$50 per half-day of \$100 per full-day for my participation in the workshop.

\_\_\_\_\_  
Workshop Participant Signature

\_\_\_\_\_  
Date

Please print the following information:

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

Compensation Amount: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Workshop Organizer: \_\_\_\_\_

Date of Approved: \_\_\_\_\_

**The workshop organizer will submit an attendance record with this form.**