

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.