

SPEAKERS AGREEMENT
SNOW MOUNTAIN SEMINARS and DR. GARY RADZ

Sponsoring Organization: _____ Lecture Only

Date of Speaking Engagement: _____ Hands-On Only

Time of Speaking Engagement: _____ Lecture and Hands-On

Course Title: _____

This agreement is a commitment between [sponsoring organization] and Snow Mountain Seminars, Inc to have Dr. Gary Michael Radz provide an educational program at the time/date stated above. Both parties have agreed to the title listed above and the educational format stated above.

[sponsoring organization] is responsible for contacting Dr. Radz to clarify the subject matter to be covered during his program within 30 days of signing this agreement. Dr. Radz agrees to cover the agreed upon subject matter to the best of his ability and experience.

[sponsoring organization] agrees to pay an honorarium of \$_____, travel expenses (full fare coach airfare, hotel, transportation, parking, and \$50/day per diem). Dr. Radz will be responsible for and arrange his own plane tickets. Because of being based in a United hub, Denver, United will be the preferred airline for travel.

A \$1,000 non-refundable deposit is due with return of this speakers agreement.

Cancellation of the agreed upon date up to 90 days before [date of engagement] will result in lose of the \$1000 deposit. [sponsoring organization] may reschedule program up to 90 days before [date of engagement] without lose of deposit if new date is rescheduled immediately.

Cancellation of the program within 90 days of the agreed upon date will require [sponsoring organization] to pay Dr. Radz of the agreed upon honorarium plus \$100 for the change fee for the airfare.

[sponsoring organization] agrees to provide Snow Mountain Seminars, Inc with an attendee list within one week of the completion of the speaking engagement. This list will not be shared with any other organization. It will be used only for Dr. Radz to have follow up communication with attendees to maximize the educational experience and to send information on future educational programs provided by Dr. Radz. Along with attendee list, Dr. Radz requests copies of any evaluations that were completed by attendees.

SMS, Inc and Dr. Radz are not responsible for obtaining any materials or equipment needed for a hands-on program. [sponsoring organization] is responsible for procuring these items. SMS, Inc and Dr. Radz will help [sponsoring organization] with contact names and numbers of manufactures who may be able to provide these items.

On The Circuit, Inc and Mindy Naumer will serve as the liaison between SMS, Inc/Dr. Radz and [sponsoring organization]. She may be contacted at 303-298-0182 or mmnaumer@cs.com. Please return this agreement to 999 18th Street, Suite 235, Denver, CO 80202, or fax to 303-484-7678.

Gary M. Radz, DDS Sponsoring Organization

Date: _____ Name: _____ Date: _____