



Federated Garden Clubs of New York State, Inc.

292 Washington Avenue Ext, STE 104

Albany, NY 12203-6385 PH: 518-869-6311

SPEAKERS AGREEMENT

To: _____ **Date:** _____

From: _____

Title of Program: _____

Date and Time of Program: _____

Fee: _____

Floral expenses: _____

Traveling expenses: _____

Program to include: _____

Approximate length of program: _____

Equipment required: _____

Assistance required: _____

Estimated setup time: _____

Note: If fee is over \$600.00 speakers' Social Security Number is required and a 1099 form must be issued by FGCNYS.

Signed: _____ **Date:** _____

Event Chairman: _____ **Date:** _____

Please attach brief accreditation/bio and return to the Event Chairman.