



## ROSS FISHMAN SPEAKING ENGAGEMENT AGREEMENT

Please fill out the relevant sections and return a completed .pdf

### GENERAL INFORMATION:

Firm or Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
City State, ZIP

Program Location: \_\_\_\_\_  
Address

Presentation Date(s): \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

1. **Topic:** \_\_\_\_\_
2. **Topic:** \_\_\_\_\_
3. **Topic:** \_\_\_\_\_

### WILL YOU BE SEEKING CLE CREDIT?

Yes  No

If yes,

Which program number(s) above? \_\_\_\_\_ In which state(s)? \_\_\_\_\_

What category(ies)?  Ethics  Practice Mgmt  Professional Development  
 Client Service  Other: \_\_\_\_\_

Are handouts required?  Yes  No

Other CLE requirements: \_\_\_\_\_

### TYPE OF SPEAKING ENGAGEMENT (check all that apply):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Keynote/General Session | <input type="checkbox"/> Concurrent Session | <input type="checkbox"/> Panelist      | <input type="checkbox"/> Panel Moderator |
| <input type="checkbox"/> Partners only           | <input type="checkbox"/> Associate only     | <input type="checkbox"/> Mixed Lawyers | <input type="checkbox"/> Staff           |
| <input type="checkbox"/> Annual Meeting/Retreat  | <input type="checkbox"/> Internal Training  | <input type="checkbox"/> Marketing Mtg | <input type="checkbox"/> Mgmt Meeting    |

### ATTIRE: How will the firm's attendees be dressed during the following activities/events?

Pre-session activities, if any (describe): \_\_\_\_\_

Suit  Jacket required  Business casual  Casual

Sessions/Programs

Suit  Jacket required  Business casual  Casual

Evening activities/meals, if any (describe): \_\_\_\_\_

Suit  Jacket required  Business casual  Casual

**CELL PHONE:** Ross's mobile phone is +1-847.921.7677. What's yours? \_\_\_\_\_

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**INVESTMENT IN SPEAKER:** Reimbursed expenses include roundtrip coach airfare, lodging, meals and ground transportation. Fishman Marketing will make all necessary travel arrangements. Client is to make all necessary housing arrangements; please arrange for room, tax, and food to be direct-billed to you or to your master account. We will need an **LCD projector** and **wireless lapel microphone** -- no podium. Classroom-style seating is preferable.

Best Airport: \_\_\_\_\_  
Name (if appropriate) City, State

Hotel Reservation: \_\_\_\_\_  
Hotel Name Street Address

**SPEAKING FEE:** US \$ , .00

### CONDITIONS OF AGREEMENT

**RECORDING:** No audio or video recorders may be used without our prior written permission. Recording may be for internal use only, a digital copy of which shall be provided to FM.

**CANCELLATION FEE:** Percentage of the fee due if engagement is canceled:  

- 60 days or less before engagement -- 75%;
- More than 61 days before engagement -- 50%;
- If the engagement is rescheduled, one-third to one-half of the cancellation fee will be applied toward the rescheduled presentation.

**DEPOSIT:** To reserve this speaking date, please return a signed copy of this agreement plus one-half of the speaker fee to Fishman Marketing via regular mail or overnight delivery within 10 days. If the booking is within 30 days of the program date, the entire speaker fee is due at the presentation.

**BALANCE OF SPEAKER FEE:** Where possible, the client will be informed of the amount of the air fare prior to the engagement, plus \$100 for Uber to/from O'Hare Airport. The remaining half of the speaker fee is due and payable the day of the speaking engagement. Remaining incidental expenses and any necessary airfare adjustment will be invoiced or refunded after the program date. Please make all remittances payable to: "Fishman Marketing, Inc."

Thank you very much for entrusting Fishman Marketing with your important program. We sincerely look forward to working with you.

**AGREED AND ACCEPTED:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date