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| **CLIENT:** |  |
| **AUTHORIZED REPRESENTATIVE:**  |  |
| **ADDRESS:**  |  |
| **PHONE:** |  |
| **MOBILE PHONE** (emergency only): |  |
| **PROGRAM TITLE/TOPIC:**  |  |
| **DATE/TIME/LENGTH:** |   |
| **AUDIENCE SIZE:** |  |
| **DRESS:** |  |
| **LOCATION OF PROGRAM:** |  |
| **SPEAKING FEE:**  | $10,000 fee plus expenses. Expenses include economy airfare (under 5 hrs.) or business class airfare (over 5 hours) from Newark Airport, transportation from/to airport, modest meals. Client will book and pay for hotel. |
| **DEPOSIT:** | $5,000 (50% of program fee) To be paid upon confirmation of the booking.  |
| **BALANCE:** | $5,000 (50% of the program fee) To be paid on the day of the event. Travel expenses will be sent after receipts are submitted, after event. |
| **Give Your Audience Books:** If you would like to purchase Bob Miglani’s bestselling book, Embrace the Chaos, to give away to your audience, please let us know as we can provide it at a discounted rate of $10 per copy (Amazon price is $11.50-$13). Must order at least one month in advance. Or buy directly from [Amazon.com](https://www.amazon.com/Embrace-Chaos-Taught-Overthinking-Living/dp/1609948254). Email for more information: bob@bobmiglani.com **Give Your Audience Leave Behind Postcards:** Customized “leave-behind” postcards. Ask for more info. |
| **Hotel:** We request that the hotel room & tax charges are billed to the client’s master account. Support materials will be invoiced as quoted, if applicable. |
| **Deposit & Cancellation Policy:** A 50% deposit is required to confirm the date(s) for your group unless other arrangements have been made previously with Bob Miglani. In the event of a program cancellation, we will re-book the program on a mutually convenient date. If the program is canceled by the client and not rescheduled, the deposit will be full and complete settlement. If for any unforeseen circumstances, Bob Miglani has to cancel, all funds that client has given will be 100% refunded back to the client. *By signing below, I agree to the terms set forth in this document.* |
| Name: Bob Miglani |  | Date |  | Name:  |  | Date |
| Signature: |  |  |  | Signature: |  |  |