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|  |  |
| Client: |  |
| Authorized Representative: |  |
| Email Address: |  |
| Address: |  |
| Phone: |  |
| Mobile Phone: |  |
| Program Title / Topic: |  |
| Date / Time / Length: |  |
| Audience Size: |  |
| Dress Code: |  |
| Location of Program: |  |
| Venue of Program: |  |
| Hotel for Bob Miglani (if applicable): |  |

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| **SPEAKING FEE:** | | | $10,000 fee + expenses. Expenses include economy airfare (under 5 hrs. or business class over 5 hours) from Newark Airport, transportation from/to airport, modest meals in transit. Client will book and pay for hotel room at or nearby venue. | | | | |
| **DEPOSIT:** | | | $5,000 (50% of program fee) to be paid upon confirmation of the booking as a deposit to book flights, hold date. | | | | |
| **BALANCE:** | | | $5,000 (50% of program fee) to be paid after the event within 10 days. All receipts will be sent with invoice. | | | | |
| **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 buy directly from [Amazon.com](https://www.amazon.com/Embrace-Chaos-Taught-Overthinking-Living/dp/1609948254). | | | | | | | |
| **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:** 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: |  |  |