



AGREEMENT FOR SERVICES

School / Business _____ Preferred Date (s) _____

District _____ Alternate Date (s) _____

Time _____

Name _____ Title _____

Address _____

City

State

Zip

Telephone # (work) _____ Emergency Telephone # (cell/home) _____

Fax # _____ e-mail _____

Workshop Title _____

Comments: (special directions)

Signature

Title

Date

*With your signature you are agreeing to the cost and date or dates agreed upon.
The standard fee is \$900.00 plus \$45.00 per diem plus travel expenses*

Please fill out and fax back to 206-666-4338



Do's & Don'ts of Discipline *for parent sanity in the home.*