



## On-Site Speaker Agreement

**Contracted Party:** CREAT, Creative Research, Education & Training  
4835 Kingsway West  
Gurnee, Illinois 60031

**Contact CREAT:** Anita Davidson PT DPT CAFS

**Contracting Party:** \_\_\_\_\_  
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**Contact:** \_\_\_\_\_

**Contracted Program:** \_\_\_ Decoding Dysfunction: A Practical & Functional Approach  
to the Lower Quadrant (level 1)  
16 CEUs  
\_\_\_ Decoding Dysfunction: A Practical & Functional Approach  
to the Upper Quadrant (level 1 a prerequisite)  
16 CEUs  
\_\_\_ Decoding Dysfunction: Spine/SI  
8 CEUs  
\_\_\_ Living Life as Gumby: Hypermobility in Pediatrics & Adults  
8 CEUs (information available on request)

Presented by Anita Davidson PT DPT CAFS

**Contracted Payment:** Contracting Party agrees to pay CREAT a minimum base  
amount of \$4,000 for the first 13 attendees with \$300 additional  
course fee per attendee for the 16 CEU courses

Contracted Party agrees to pay CREAT a minimum base  
amount of \$2,000 for the first 13 attendees with \$175  
additional course fee per attendee for the 8 hour courses

The fees include the expenses and lecture fees to complete the course. Payment is due upon course completion. An invoice will be provided.

In the event course payment is not received within 14 days of course completion an additional \$500 late fee will be due. Services not included in this agreement will be considered separately for an additional fee and agreed upon prior to performance.

- Program Dates:** TBD (Friday/Saturday/Sunday)
- Program Times:** Registration/Check in Saturday 7:30-8:00 am  
Class 8:00-5:00 Saturday and Sunday
- Target Audience:** Physical Therapists, Physical Therapist Assistants
- Cancellation Clause:** In the event (Contracting Party) cancels the course less than 1 week prior to the course, any and all expenses incurred in preparation for the course will be due to CREAT upon invoice up to \$1,000.00.
- In the event that CREAT cancels that course less than 1 week prior to the course, any and all expenses incurred in preparation for the course will be due from CREAT upon invoice up to \$1,000.00.

**CREAT** agrees to contract for performance of the above named course to the employees and local professionals for the dates noted above. As part of this agreement CREAT agrees to provide the following services:

- Presentation of the full selected course as advertised including lab and lecture  
Lab assistant(s) for the full course
- Course binders including class materials and references
- Certificates for 16/8 hours as appropriate of Continuing Education Credits as approved by the IPTA as attended (in the event a participant does not attend the full course, the hours of CEU credits will as be reduced accordingly)
- Audio visual equipment for course presentation including projector, screen computer, speaker, microphone, extension cords and adaptors as needed to perform the course
- Materials required for the class including exercise equipment and tables as needed
- Space request for set up space/tables 1 week prior to the course
- Travel expenses and lodging

**Contracted Party** agrees to provide the following to support the success of the course:

- Appropriate educational space for performance of a continuing education program (preferred space for lab and lecture is 2,000 sq ft minimum for a class size of 30)
- Classroom table and chair setting for 50% of the conference space as requested to allow for a combination of lecture and lab programming
- 3-4 additional 6' X 30" tables or treatment tables to be used for lab as needed as supplements to the tables provided by CREAT
- Advertising to hospital system staff for the course using the information provided by CREAT
- Appropriate resources for attendees such as food access, bathrooms, lighting and temperature control
- 1 week prior to the course the expected number of course participants to be sent to CREAT
- 1 week prior to the course the names of all course participants to be sent to CREAT to prepare certificates
- Payment as agreed upon at the completion of the course

I/we agree to the intent and specifics of the above agreement as outlined:

\_\_\_\_\_  
Representative Contracted Party/ Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Anita Davidson PT DPT CAFS/ Date  
Founder, CREAT

\_\_\_\_\_  
Print Name