



BE A ROSE WOMEN'S HEALTH WORKSHOP SPEAKER CONTRACT

To book a speaking engagement with a **Be a Rose Health Educator**, (hereafter referred to as "the Speaker") first review this speaker's services and fees and then complete the required booking information below. Please call **616-990-3353** or email **Christine Mwangi** at info@bearose.org to schedule your free initial consultation.

Fee: Women's Health Presentation – \$250 total for one session - 100-minutes¹.

Fee Note: The fee shown **above is the Speaker's standard fee for a one presentation lasting a minimum of two hours but no longer than three hours. Please note the Speaker's fee varies based upon the length of the presentation (if over three hours), location of event and other factors. Travel, accommodations and incidental expenses are additional costs in addition to the Speaker's fee.** The Speaker may change fees without notification. Please call or email to be quoted an exact fee for your event.

TRAVEL, ACCOMMODATIONS, & ASSOCIATED EXPENSES

The Speaker requires reimbursement for transportation, meals, and accommodations if the event is located outside of Grand Rapids, Michigan. If the Speaker is flying, airfare is required from and to the speaker's airport Gerald R. Ford (GRR). Furthermore, ground transportation for the Speaker between the venue's airport and the Speaker's hotel is required in addition to a single-occupancy hotel accommodation for the Speaker. Lastly, reimbursement for the Speaker's meals are required, for which receipts will be provided as well as all other reasonable, documented expenses necessary to the Speaker's conduct of the presentation during the time of the event.

For any expenses not provided or directly paid for by the client, the Speaker shall submit receipts and an itemized invoice for expenses to the Client within 7 (seven) days of the event's end date. The Client shall reimburse the Speaker with 30 (thirty) days of receiving receipts and invoice.

- 1. This fee is based on an audience fluent in English. If language interpreter services are required, the length of the presentation may vary. For presentations over 3 hours, a \$100 per hour fee will be assessed and invoiced no later than 24 hours after the event.*

DEPOSIT & CANCELLATION POLICY

Cancellation and Refund Schedule

Any cancellations made **more than 60 days prior** to scheduled appearance: **100% refund**

Cancellations made **30-60 days prior** to appearance: **50% refund**

Cancellations made **less than 30 days prior** to appearance: **NO refund**

If the Speaker attends the event and does not speak due to event schedule conflicts on the part of the partner organization, then full payment will still be required.

Deposit Schedule

A deposit of 50% of the agreed fee is required upon confirmation of the booking (payable by check). The remaining 50% of the agreed fee will be required when the Speaker **arrives** at the event.

TOPICS COVERED

- Female Reproductive Anatomy & Physiology
- Puberty
- Menstruation
- Menstruation Management – use and care of re-usable hygiene products
- Ovulation
- Feminine Hygiene
- Female Genital Mutilation
- Menopause
- *Any additional support material previously agreed during initial consultation*

CONTACT INFORMATION

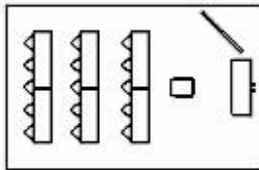
| CONTACT INFORMATION | | | |
|---------------------|--|-----------------------|-----------------------------|
| CLIENT INFORMATION | | PRESENTER INFORMATION | |
| NAME | | NAME | Christine Mwangi |
| ADDRESS | | ADDRESS | 6026 Kalamazoo Ave. SE #129 |
| CITY, ST ZIP | | CITY, ST ZIP | Grand Rapids, MI 49508 |
| CONTACT EMAIL | | CONTACT EMAIL | info@bearose.org |

| PROGRAM INFORMATION | | | |
|-------------------------|-----------------------|--|--------------------------------|
| DATE OF EVENT | | | NUMBER OF ATTENDEES |
| PRESENTATION START TIME | PRESENTATION END TIME | | BREAKS |
| EVENT VENUE ADDRESS | | | |
| ON-SITE CONTACT | | | ON-SITE CONTACT'S CELL PHONE # |

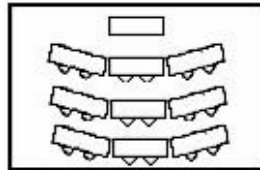


EQUIPMENT & ROOM SETUP PREFERENCES

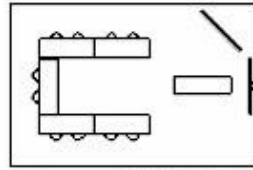
Training room set-up with Classroom, Modified Classroom or Open "U", seating is recommended with the following pieces of equipment required:



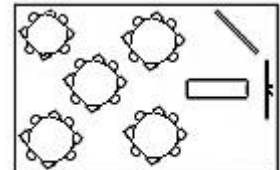
Classroom Style



Modified Classroom



Open "U" Style



Round Tables

- Podium
- Flip Chart with markers
- Microphone – headset microphone preferred or wireless lapel
- Client will provide laptop and AV equipment

FEES, TERMS AND CONDITIONS

- Program Fee: \$250 total (See page 1) payable by check to Be a Rose, Inc.
- A deposit in the amount of 50% of total fee is required to hold the date(s)
- The balance of the Speaker's fee, is due upon the arrival of the Speaker at the event
- Payment accepted in form of credit card (Visa/Mastercard/Discover/American Express) or checks made payable to Christine Mwangi



VIDEO/AUDIO TAPING

Videotaping and voice recording prohibited unless other arrangements have been made with Be A Rose.

OTHER TERMS

Client agrees that Be a Rose may use the name and logo of the client organization as a user of their services in the normal marketing of the services for Be a Rose.

CONFIDENTIALITY

The parties agree to maintain the absolute confidentiality of all the terms, conditions, and arrangements contained herein and/or associated with the appearance by Speaker.

TITLE: Women's Health & Feminine Hygiene

Reproductive health education and feminine hygiene management by the modern woman.

FOR MORE INFORMATION, GO TO www.bearose.org | CALL 616.990.3353

SIGNATURES

Speaker's Signature

Date

Speaker's Print Name

Client's Signature

Date

Client's Print Name