

Mager and Associates Consulting

10121 Page Road
Streetsboro, Ohio 44241

fax 330-266-7676
phone 888-746-1550

Professional Marketing Contract

This agreement is made and entered into this date of

_____ 2010, by and between Mager and

Associates Consulting (hereafter 'Company') and

_____ (hereafter 'Client').

For good and valuable consideration as herein set forth, the parties agree as follows:

1. Client engages Company to provide services for one or more of the following:
 - a. Spinal Screening _____ (Date)
 - b. Staff Education/Training _____ (Date)
 - c. Practice Evaluation _____ (Date)
 - d. Referral Program _____ (Date)

2. Client agrees to pay Company;
 - e. An agreed amount of \$1,495.00 or (**Total Solution Grad.- \$1,395.00**) a day per signed *contract* (US Dollars)
 - f. All travel expenses; including airfare, lodging, food, rental car, gas, parking
 - g. Personal vehicle usage will be reimbursed at a cost of \$0.38 per mile
 - h. Securing location for a spinal screening at an additional charge of \$250.00

3. If the Client cancels these contracted services, for any reason, the Client will reimburse Company for any and all expenses up to the date of cancellation.

4. Client will pay at least 50% of the daily charges on the day of arrival by either check to Mager and Associates Consulting or Credit card. A credit card number will be received and kept on file prior to the event to secure services.

5. Screener is contracted for one-full day of services at a maximum of six (6) hours per day not including ½ hour for set up and ½ hour for break down and travel to and from event. Any and all additional hours will be charged at \$50.00 per hour.

6. Client will be billed on their credit card at the prescribed rates as noted above.

Exact name on credit card _____ Credit Card Type

_____ (We Accept Visa and MasterCard)

Credit card # _____ Exp. Date _____

****Address MUST be the same as the address to which the credit card is billed.**

*****Any charges that occur due to inaccurate billing addresses will be your responsibility.**

Name _____

Address _____

City _____ State _____ Zip/Postal _____

Clients who pay by check must make check payable to Mager and Associates Consulting. Check is to be sent certified mail, return receipt requested to allow for tracking of said payment. Check or credit card payment is ***due one week prior to contracted service.***

This agreement and the rights and obligations of the parties shall not be assigned, in whole or part by either party without the prior written consent of the other party. This agreement constitutes the entire agreement between the parties for the service and dates of service as noted above.

Print Client Name Date

Signature of Client Date

Print Mager & Associates Date

Signature of Mager and Associates Date

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