

Amber Housey, 3475 Dorothea Ct., Troy, MI 4808

AUTHOR VISIT CONTRACT

Check made payable to: Flip Side Stories, LLC

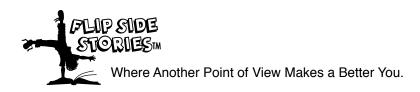
Thank you for booking a school visit!

Please verify and complete the following information, sign, and send this form back to me via one of the following methods:

Send a PDF via email to <u>ahou</u>	sey3@aol.com			
SCHOOL/ORGANIZATION NAME:		DATE OF VISIT:		
TOTAL VISIT START TIME:	TOTAL VISIT EN	ND TIME:	_	
GRADE or AGE LEVELS:	START TIME:	END TIME: _		
GRADE or AGE LEVELS:	START TIME:	END TIME: _		
GRADE or AGE LEVELS:	START TIME:	END TIME: _		
GRADE or AGE LEVELS:	START TIME:	END TIME: _		
SCHOOL/LOCATION ADDRESS:				
CITY:	STAT	E: ZIP:		
SCHOOL/ORGANIZATION TELE	EPHONE:	F2	AX:	_
TEACHER'S/ORGANIZER'S NAM	ИE(s):			
TYPE OF EVENT: Author Visit - I	Presentation, book read	ding, meet and greet	t with students.	
PLEASE HAVE AVAILABLE: • Screen and projector available		sentation		
Microphone available in a lan	ge room setting.			
THE AUTHOR WILL PROVIDE: and the signed books for the pre-or	, .	vnote presentation, o	cord for connectio	n to ipad, giveaways
Agreed fee of	for the visi	t will be paid at the	time of the visit.	

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Fed ID #



CONTACT PERSON:	TITLE:
WORK PHONE:	CELL PHONE:
EMAIL:	
BOOK SALES INFORMATION Contract:	
*	<u>ories.com/visits.html</u> . If you are able to send the order forms to the personalize before the visit, otherwise she will sign them before
•	st be submitted to author at the above address or email one n available at the event (unless otherwise arranged.
If child's name is provided on the order form, child unless otherwise noted on the form.	author will sign the book, inscribed to the
Signed:	Date:
Representative Sign and Date Below:	
Signed:	Date: