

SPEAKER AGREEMENT

For and in consideration of the sum of \$_____._____, which, **does/does not**, include travel and all other expenses, it is agreed that Dr. Otis Marks II will speak at the event outlined below.

I. **ORGANIZATION:** _____
ORGANIZERS NAME: _____ **TITLE:** _____
Office Phone: _____ **Alternative Phone:** _____
Email: _____

II. **PROGRAM TOPIC:** _____
Presentation Date: _____ **Start Time:** _____ **Length of Program:** _____
Location Of Presentation: _____
Address: _____ **City:** _____ **State:** _____ **Zip** _____
Nearest Airport: _____ **Nearest Hotel:** _____

III. It is further agreed that 25% of the total amount of the speaking fee will be furnished with the return of this contract as a confirmation, which can be paid online, or by check made payable to The International Institute for Deinostriology, or Dr. Otis Marks II. This agreement along with the confirmation fee must be submitted no less than 30 days before the event date. This agreement can be returned by fax to 1-800-618-7004 or by email to drmarks@dntinstitute.com; after which the deposit can be paid online using a secured link provided by us. The balance will be due immediately before the start time of the event and can be paid by check, or debit/credit card. No advertising or promotions is permitted prior to confirmation deposit. Cancellation will void deposit and will be non-refundable. No taping or filming without the express and written permission from The International Institute for Deinostriology.

Please sign and return by fax, email, or U.S. mail. A countersigned copy will be forwarded back to you promptly.

_____	_____
Name of Authorized Organizer	DATE
_____	_____
Dr. Otis Marks II, President	DATE