

**GMEA IN SERVICE CONFERENCE
 JANUARY 26-28, 2012
 REQUEST FOR CONTRACT FOR CLINICIAN**

**Please use this form. Do not substitute one of your own.
 Please return this form to Brandie Barbee no later than September 15, 2011
 GMEA · 218 Willis Dr. · Stockbridge, GA 30281**

GMEA Officer Name: _____

Division:

Band:	Choral:	CMENC:	Elementary:
General:	Orchestra:	Piano:	Research:
Technology:	TPHE:	World Music:	Other:

Clinician's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Home Phone: _____

Fax: _____ Email Address: _____

Amount of honorarium paid by GMEA: \$ _____ for _____ sessions

Travel from _____ to Savannah by Air: _____ Automobile: _____

Housing Requested? Yes: _____ No: _____ (if so, please submit a Housing Request Form)

Meals (check as appropriate)

Thursday	Breakfast:	Lunch:	Dinner:
Friday	Breakfast:	Lunch:	Dinner:
Saturday	Breakfast:	Lunch:	

Please submit this form for any clinician for whom we will provide honorarium, meals or hotel nights. Note hotel requests on the Housing Request Form. No payment or reimbursement will be made to any clinician unless this form has been submitted and approved by the GMEA Office. GMEA does not pay an honorarium or expense reimbursement to any clinician who is a Georgia music educator, either active or retired.

GMEA Office Use Only

Date Contract Mailed: _____

Date Contract Returned: _____