

Dr. Jim Dillahunty

A Scientific Approach to the Art of Business®

Date:

Name

Company

Address

It is my pleasure to confirm the following engagement:

- Date: _____ Client: _____
- Event Title: _____ Program Length _____
- Location: _____

The terms and conditions of my appearance on your behalf are as follows:

- Fees: \$3,995 Keynote or 90 minute Workshop;
 \$5,000- 1 Day Workshop; \$7,500- 1.5 Day Workshop
- Workshop materials @ \$35each. (# required _____)
For services outside the U.S.: Fees are net of all non-U.S. taxes. Please inquire about international fees.
- Travel/airfare: Dr. Dillahunty flies first or business class, however to save your organization money, you pay only for Unrestricted coach class for domestic U.S. flights; and Unrestricted Business Class for international flights.
- Accommodations: Please reserve one hotel room for the night prior to the event; at the event location on the client's account; late arrival guaranteed; non-smoking. Client is responsible for incidental room service charges; in room meals, internet connectivity, laundry charges, etc. For international venues with a time change of more than four hours from California time zones (PST) please reserve a room for two nights prior to the event.
Dates accommodations requested; Check in _____ Check out _____
- Ground transportation:
 - Client responsible for ground transportation in the event city.
 - I will be responsible for ground transportation in my city of origin.
- Meals:
 - On site: Client's responsibility (including room service meals)
 - To and from U.S. domestic venues: My responsibility. Outside U.S.: Client's responsibility

- Bonus Program
 - If you have elected Dr. Dillahunty's Civic Group **Bonus Program** the client is responsible for hotel, local transportation and meals for the stay-over.
 - There are no presentation fees charged for the **Bonus Program**. There may be charges for Workshop materials.

- Payment schedule:
 - \$_____deposit due within 10 days of the date of this contract to secure the date. Should the event be cancelled or postponed the deposit will be credited toward a re-scheduled engagement within 12 months.
 - \$_____balance due to NewParadigms, LLC the day of the event.

Administrative details:

- Please sign and date, and return a copy to the address on this stationery.
- Please include the \$1,500 deposit; make check payable to: NewParadigms, LLC.
- For your records: Fed Tax ID # is 20-5170844.
- Please note that should the session(s) be recorded by the Client; the audio, and visual images are the property of NewParadigms, LLC and may not be distributed or rebroadcast without the written permission of NewParadigms, LLC.

Dr. Jim Dillahunty, Speaker

Date

Signature of Client representative

Date

Print Name _____ / Direct Phone _____
 Email _____
 Fax _____



Checklist

For your convenience, here's a checklist containing all of the other stuff you will need to know. Please fill out the appropriate information and fax it to Dr. Jim Dillahunty (Fax; 858-547-7706) at least **3 weeks prior** to the event.

A/V Requests:

- Flip Chart and markers.
- Lavalier wireless microphone.
- Small table for props and water on stage.
- Video Projector from PC interface and screen
 - o (Dr. Dillahunty will provide laptop and/or USB memory stick)
 - o We can provide Audience Response Systems at additional costs

Room Setup: Although we understand it is not always possible, the following seating arrangements are preferred:

- For Luncheon/Dinner presentation, half rounds.
- For General Sessions/breakouts, classroom seating.
- For Workshops, classroom seating- chevron style.

Stage/platform setup: If a podium is necessary for the introducer/opening or closing remarks please have it placed to one side of the stage or make arrangements to have it removed as Dr. Dillahunty takes the stage. The table requested above should be the only table on stage.

Lighting:

- Full house lights are preferable.

Product Sales: (If product sales are not permissible/appropriate, please skip this section)

- We will ship the appropriate number of products to the hotel/event location approximately one week prior to my arrival. *Would you prefer they are shipped to Dr. Dillahunty's attention at the hotel or do you have a different preference?* _____

- The best place to set up products is on a 6'-8' table at the back of the room. Dr. Dillahunty will meet with the volunteers prior to his presentation to give them the moneybag, credit card slips and price sheet.

- Following the event, it may be necessary to ship any remaining product back to our office. UPS return labels will be supplied for your convenience.

- A check for 10% of product sales will be issued to your organization approximately 7-10 days following the event.

Make check payable to: _____

Travel Expenses: Expenses consist of airfare, ground transportation, airport parking, tips, lodging and meals.

- Airline reservations will be made approximately 5 weeks prior to the event date.

- We request that you direct bill a non-smoking room, late arrival guaranteed, including meals to your master account. *Hotel name* _____
confirmation/reservation number: _____

- We recommend that you make arrangements for someone to meet Dr. Dillahunty at the airport and take him back following the event. If the event is not being held at the hotel, please make arrangements ahead of time for someone to transport Jim to and from the event. *Please provide the name and the cell phone number of the person who will transport him to and from the airport:* _____

Pre-Program Questionnaire

Name of Sponsoring Organization: _____

Logistics:

Nearest Airport: _____

Approx. miles from hotel/site: _____

Method of transportation provided to and from the airport: _____

Hotel Info, if different from event site (Name, Address, Phone Number): _____

Tell us more...

of Attendees: _____ Age Range: _____ Male: _____% vs. Female: _____%

General Titles and Job Responsibilities of attendees: _____

What is the theme for your event? _____

What is the mission/philosophy statement for your company/organization? _____

If you have a website, please list the address: _____

What changes do you anticipate in your organization/industry in the near future? _____

If there is a special program or project you are currently conducting within your organization or department, please briefly describe its name, nature, and any accompanying slogans: _____

What is unique about your group? (i.e. seasonal work flow, special clientele, unusual hours, travel, etc.): _____

Is there anything of significance that this group can be proud of accomplishing? _____

Please list any in-house or marketing specific language, jargon, phrases, or words applicable to your group that might be incorporated into this presentation: _____

Specifically, what "local color" might be used in this presentation? This could be anything, such as a new company policy, an in-house buzzword, a local drinking place, poor food, a broken piece of equipment, local weather, or achievement of a top official in your organization. _____

Overall objectives of meeting or conference: _____

What are your "specific" objectives for me? (How will you know if I hit the target?) _____

Any "seeds" you would like me to plant: _____

Is there anything I haven't asked that you think I should know about your organization that would make this program more meaningful? _____

Key people to recognize in the audience or get further input from:

Name: _____ Title: _____ Phone #: _____

Name: _____ Title: _____ Phone #: _____

Program Schedule:

What time(s) (exactly) will I be speaking? _____ to _____, _____ to _____, _____ to _____

What's happening before and after my presentation? _____

Are there any special events going on around the time of my presentation that you would like me to take part in? _____

Deadlines:

Are there deadlines that we need to be aware of to help your job go more smoothly?

(i.e. handouts, CEU forms..._____

Miscellaneous:

Will there be other speakers? YES NO If Yes, Who? _____

What other topics will be covered? _____

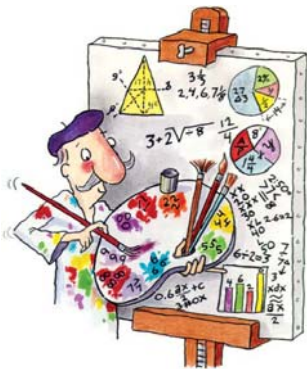
Please list past speakers: _____

Introducer (name and title): _____

How did you hear about me? _____

Are product sales permissible/appropriate? YES NO

Note: Please send a copy of all memos, programs announcements, brochures, and other promotional materials relating to this presentation. In addition, any annual reports, company newsletters/papers/flyers, or key product brochures would be appreciated. Thank you very much for helping me to customize my talk for your group. Please send all information to



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Dr. Jim Dillahunty

Please return questionnaire at your convenience prior to_____.

Notes