

**Clinician and Accompanists Agreement**  
**South Central District of the Missouri Music Educators Association**

This is an agreement between the **South Central District of the Missouri Music Educators Association (SCMMEA)** and \_\_\_\_\_.

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

Honorarium: \_\_\_\_\_ **\$600.00 Clinician Honorarium**  
\_\_\_\_\_ **\$200.00 Accompaniment Honorarium**

SCMMEA will not pay mileage or other expenses unless approved by the Executive Board in advance. Payment will be made on the clinic day in check form.

Meals: \_\_\_\_\_

Hotel Request: The district will provide a one (1) night stay in a hotel of the District's choosing upon the request of the clinician.

Music Selection: Music selection will be at the discretion of the clinician with approval of the area Vice-President. Length of program should be kept to a maximum of \_\_\_\_\_ minutes. Selections should be given to the area Vice-President by \_\_\_\_\_ for folder preparation.

Folders/Seating: Music folders will be prepared using the part assignments given by the clinician. Specific seating arrangements should be given to the area Vice-President by \_\_\_\_\_.

Program: As needed the clinician and/or accompanist must submit a personal bio which will be printed in the concert program. Please email bio to \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and return one copy of this contract to the area Vice-President.

\_\_\_\_\_  
Signature of Clinician/Accompanist                      Date

\_\_\_\_\_  
Signature of SCMMEA Board Member                      Date