



Heart-Head Publishing

P.O. Box 1741, Huntersville, NC 28070

(704) 728-7050 – Phone (704) 439-271 – Office/Fax

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TIA CAPERS - AUTHOR APPEARANCE AGREEMENT

HOST CONTACT

Name: _____ Date: _____, 20____

Company/Organization: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

PROGRAM INFORMATION

Estimated Audience Size: _____ Audience Age (s) : _____

Proposed Appearance Date (s): _____ Proposed Appearance Time (s): _____

Type of Program Requested (Title if known): _____

Number of Programs requested (up to 3/day): _____

Start time first program / end time last program: _____ / _____

(Allow 30 minutes for set up and clean up. Schedule at least 15 min. between programs)

BOOK SALES

Does host plan to order and sell books as a fundraiser? _____

Does host want author to sell and sign books after event? _____

Is host willing to distribute a book order form prior to visit? _____

HONORARIUM AND EXPENSE

Honorarium is due on the day of visit via check or money order made payable to: Heart-Head Publishing.

Does the host require a W-9 from author? _____

Expected cost of program: \$ _____

Host will provide transportation to and from location unless author has agreed otherwise. Author charges mileage (51 cents/mile - 2011), hotel, airport parking, rental car/taxi, and airfare separately from honorarium. Meals are not charged, but lunch is expected to be provided for all-day events. Expenses should be reimbursed within 30 days. Total travel expense is estimated to be: \$ _____.

EQUIPMENT/SET UP REQUIREMENTS

Host agrees to provide an LCD projector and screen, two tables, and wireless microphone, unless otherwise arranged. Host will provide security for the author's display items and books.

AGREEMENT

The host will contact the author at least five (5) business days before the appearance to finalize travel arrangements, schedule, audio-visual needs, and supplies to be provided by host. Any changes to this appearance agreement must be approved by the author at least ten (10) business days in advance of the visit. In the case of weather or other emergencies, the parties agree to reschedule the appearance and share any expenses incurred as a result of the cancellation.

Please sign one copy and mail (P.O. Box 1741, Huntersville, NC 28070) or fax (704-439-2731) to Author. Retain a copy for your records.

I agree to all the terms and conditions stated above.

Signed (host): _____

Date: _____, 20____

*Thank you for inviting me!
Tia Capers - (704) 728-7050*