

Sample AUTHOR VISIT AGREEMENT

DATE OF VISIT

LOCATION

[Redacted Date and Location]

THE AUTHOR’S RESPONSIBILITIES:

- Conduct four 45-minute presentations, titled “Try This at Home,” suitable for grades preK-5.
- Supply all materials, with the exception of those listed below.
- Be prepared to start with the first presentation at _____, (please fill in the time) and stay until the completion of the final presentation at _____ (please fill in the time).

THE SCHOOL’S RESPONSIBILITIES:

- For Try This at Home--
 - Provide two tables at the front of the presentation area for me to set up experiments.
 - Provide access to a power supply.
- For Explain This! Or Purr-fect Research—The above, plus:
 - a screen and projection device (I will have a laptop, or I can present from a school computer)
 - Students will need to bring paper, a writing implement, and something to press down on.
- For Writing Workshops--Provide 1 table at the front of the presentation area. Students will need to be seated at lab tables OR desks with a flat surface (not slanted) OR on the floor in an area where they can spread out experimental materials. They will need paper, a writing implement, and (if on the floor) something to press down on.
- Provide access to a power supply.
- Provide amplification device IF it is needed in your venue.
- Staff should stay with students throughout the presentation to supervise.

FEE (PAYABLE ON DATE OF VISIT)

Presentation fee	1000
Less any discount	
Travel and accommodations (if outside metro-Atlanta)	
Total	

NOTES

- I need at least at least 20 minutes (30 is better) to set up before the first program. I am happy to come as early as needed for that, as long as the room is unlocked!
- I also need at least 15 minutes between groups to reset materials (25 if I need to move rooms).
- It will also take me approximately 30 minutes to take down and clean up at the end of the day.
- Please, do not videotape without discussing it with me in advance.

Author:

School/ Library representative:

Jodi Wheeler-Toppen

_____ (sign)

Jodi Wheeler-Toppen

_____ (print name)

Date: _____

Date: _____