

*Virginia Music Educators Association, Inc.*

**Adjudicator and Guest Conductor Contract**

**Please Return By:**

**Name of Ensemble or Event:**

**Rehearsal/Adjudication Site:**

**Beginning Date:**

**End Date:**

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*For, and in consideration of, the sums hereafter set out, I hereby agree to act as a clinician/adjudicator for the event listed above.*

**HONORARIUM & EXPENSES:**

- The honorarium for the event will be \$\_\_\_\_\_. VMEA or host will provide an additional \$\_\_\_\_\_ for travel and \$\_\_\_\_\_ for meals. Clinicians/Adjudicators will be responsible for making their travel arrangements (flight, rental, car, etc.). Checks for honorariums will be issued to the clinician at the event or within 10 business days.
- VMEA or host will make arrangements for your hotel accommodations. Room, tax, and parking charges will be paid by VMEA.
- \*Incidentals charges to your room (meals, phone, movies, etc.) are the responsibility of the clinician at checkout.

**TERMS AND CONDITIONS:**

- Guest conductors must submit their proposal of literature list no later than 90 days prior to the first day of the event.
- If extra instrumentalists for any ensemble other than an accompanist are required to perform any piece, that information must be submitted along with the program literature. VMEA reserves the right to decline if the cost is considered to be exorbitant.
- Rental pieces or pieces requiring electronic enhancements (other than synthesizer) must have prior approval.

**CANCELLATION CLAUSE:**

In the event that VMEA is required to cancel your presentation(s) due to unforeseen circumstances (e.g., weather, etc.) AFTER you arrive at the event, we will honor your commitments for travel and expenses and will pay ½ of the VMEA honorarium stipulated in this agreement. Should you become ill, required to leave, or otherwise unable to fulfill the event schedule, VMEA or host will prorate the honorarium for duties completed, and will honor travel and meal expenses during the event.

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**NAME** (as you wish it to appear in the program):

**PREFERRED EMAIL ADDRESS:**

**PRIMARY PHONE NUMBER:**

**ADDRESS:**

**CONDUCTOR/ADJUDICATOR SIGNATURE:**

\*Failure to return the contract within 30 days may result in the contract being declared null and void.

**HOST/EVENT CHAIR SIGNATURE:**

\*Host must return the signed/verified contract within 30 days to the clinician/adjudicator.

