

**MARQUETTE UNIVERSITY SPEAKER AGREEMENT**

This agreement, by and between Marquette University (AMarquette@), and the speaker named herein, is for the personal services of said Speaker for the following engagement:

Date/Time of Engagement: \_\_\_\_\_

Location of Engagement: \_\_\_\_\_

Topic/Title of Presentation: \_\_\_\_\_

1. Payment. Marquette shall pay Speaker, as follows (check and complete those that apply):

a) " A stipend, via check, following completion of the presentation, of \$ \_\_\_\_\_

b) " One round-trip coach airline ticket from \_\_\_\_\_ (city)

c) " Hotel accommodations (# of nights, specific hotel, etc.): \_\_\_\_\_

d) " Other \_\_\_\_\_

NOTE: Expenses checked above for reimbursement shall not exceed the amounts and types approved for employee reimbursement pursuant to Marquette Business Policy and Procedure II-1. A copy of such policy is available upon request.

2. Relationship. The parties hereto are independent contractors. Nothing in this Agreement shall be understood or construed to create or imply any relationship between the parties in the nature of any joint venture, employer/employee, principal/agent or partnership. Speaker shall not become an employee of Marquette by acting under this Agreement and Speaker shall be responsible for the payment of any taxes and social security contributions owing from the above compensation.

3. Miscellaneous. This Agreement shall be governed by and construed exclusively in accordance with the laws of the State of Wisconsin. This Agreement may not be assigned without the written consent of the other party. Any signed document transmitted by fax shall be considered an original document and shall have the binding and legal effect of an original document.

The foregoing terms are agreed to and accepted by:

**MARQUETTE UNIVERSITY**

**SPEAKER**

By: \_\_\_\_\_

X \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

SSN or FEIN #: \_\_\_\_\_

ATTACH COMPLETED AND SIGNED IRS FORM W-9