

Phone Number:

Contract for Professional Services *from the Illinois Principals Association*

Contact: Beth Broyles 2940 Baker Drive, Springfield, IL 62703 beth@ilprincipals.org (217) 391-0848

Organization Name:	
Contact Name:	
Email Address: Phone Number:	
rnone number.	
Part 1. Professional Development contemports and development contemports are also as a second contemporary and a second co	nent Content and Training Details. IPA agrees to deliver the following to the Organization:
AA Number:	2001
AA Title:	Illinois Performance Evaluation - Initial Teacher Evaluation Training
AA Presenter: Additional Notes:	
Date(s):	
Time:	
Training Facility Name: Street Address:	
City:	
Part 2. Fee for Service. In consider amount:	eration of the IPA's services, the Organization shall pay to the IPA the following
Contract Fee:	
No. of Participants*:	
*The organization will be	billed \$50 for additional participants.
Payment Terms.	
and payable by the Organization	nois Principals Association for services rendered or goods supplied shall be due within thirty (30) days of the date of the invoice ("Net 30 Days"). The date of hich the invoice is issued by IPA.
To ensure proper invoicing, pleas	se provide information for the organization billing contact person below:
Name of Billing Contact: Email Address:	

Part 3. IPA's Responsibilities. IPA's fee includes all speaker fees/expenses (unless otherwise noted above), access to handouts/resources and Administrator Academy credit or Professional Development Credit Hours (as applicable).

Part 4. Organization's Responsibilities. The Organization agrees to provide a suitable location for deliver of the professional development program, audio/visual equipment, a support staff contact to assist with the setup and paperwork, and food/beverages, if desired by the Organization. In the event of a virtual event, the Organization agrees that each individual seeking AA or PD credit will participate from his/her own device.

Part 5. Cancelation/Rescheduling of Program.

- 1. The Organization may cancel the presentation with at least sixty (60) days written notice to the IPA. Upon cancellation, the Organization shall be responsible for all non-refundable expenses incurred by the IPA (including, but not limited to, speaker fees and expenses), plus ten percent (10%) of the fee outlined in Section 2. The ten percent (10%) cancellation fee is waived if the professional development services are rescheduled to a date that is mutually acceptable to both Parties.
- 2. **Modifications to Program.** The IPA reserves the right to make modifications to the professional development program that do not affect the content.
- 3. Contractual Capacity. The Parties agree that each has entered into this Contract voluntarily and knowingly, and with the full and complete authority and contractual capacity to do so.
- 4. **Amendments.** No subsequent alteration, amendment, change, addition, deletion, or modification to this Contract shall be binding upon the Parties hereto unless reduced to writing and duly authorized and signed by each of them.
- 5. **Complete Understanding.** This Contract sets forth all of the promises, agreements, conditions, and understandings among the Parties relative to the subject matter hereof and no other promises, agreements, or understandings, whether oral or written, expressed or implied, exist among the Parties.
- 6. **Execution.** This Contract may be executed in multiple counterparts, and a set of counterparts bearing the signatures of each party hereto shall constitute the Contract as fully as if the Parties had signed a single document.
- 7. **Applicable Law.** This Contract shall be governed by the laws of the State of Illinois.

IN WITNESS WHEREOF, the parties have signed this Contract on the dates indicated below.

Swan M. Homes	
Dr. Susan Homes	Organization Authorized Signature
Deputy Executive Director for Professional	
Learning	
Date	Date