



Fax to: 404-420-2496
Send Deposit within 7 days of Contract:
Corporate Massage Onsite, LLC
1450 Lockridge Drive
Cumming GA 30041

Event Agreement

COMPANY NAME: _____

Event NAME _____

Event DATE: _____

Event Hours: _____

Hours Therapists are needed: _____

Number of Therapists Requested: _____

Location of Event: _____
VENUE STREET ADDRESS CITY, STATE, ZIP

Specific Location for Therapist Set Up:

Please consider regarding specific location set-up: VISIBILITY, SAFETY, NOISE LEVEL, SUN EXPOSURE (outside events only) TABLE FOR SUPPLIES, TRASH CAN AVAILIABILITY.

Company Contact Name:

Last First Mid Initial Phone Alt Phone

Alternate Company Contact Name:

Last First Mid Initial Phone Alt Phone

Mailing Address: City State Zip

Onsite Contact Name and Phone (if different than above):

Email Address(es): _____

This agreement is entered into this ___ day of _____, 2008, between Corporate Massage Onsite & named Company above. Corporate Massage Onsite agrees to provide chair massage services to said Company for the company event described herein. Company agrees to purchase of said services as outlined below. Company acknowledges that cancellations or changes to this agreement must be made 7 days prior to the event planned in order to avoid loss of deposit. Events cancelled with at least 30 days notice will be refunded in full. 50% refund can be arranged with 7 days notice.

PAYMENT ARRANGEMENTS:

of therapists: _____ x # of hours _____ = _____
TOTAL HOURS BILLED

Therapist Hours Billable: _____ X
Billing Rate: \$ _____ per hour

AMOUNT DUE: _____

Optional Gratuity to be included in final billing?: Yes No (circle one)

*If so, please indicate \$ or % amount _____

*If not, please clarify tipping procedures: _____

TOTAL AMOUNT DUE: \$ _____

Deposit Amount Due at Time of Contract: \$ _____

Balance Due Upon Completed Service (terms net 15): \$ _____

On behalf of _____
Company name

Signature Date

Printed Name

On behalf of Corporate Massage Onsite: _____ 8/26/08 _____
Signature Date

Deposit Received: _____

Please Fax to: 404-420-2496

Call with any questions, we look forward to working with you! 678-521-5997 (Logan Gordon, Direct line)