

BLACK INVENTORS & SCIENTISTS MUSEUMS, INC.

PRESENTATION AGREEMENT

INVOICE NO. _____

This agreement is made between the Parties:
B.I.S.M. (hereafter referred to as the **Vendor**) and;

School/ Org /Corp. _____
 (hereafter referred to as **the institution**).

Location/Address _____

Contact Person _____

Prin/Supr. _____

Telephone _____

The institution hereby requests to purchase the following Service(s) provided by the vendor:

Educational Tour

Exhibit Displays: _____ **The Black Inventions Museum “A Salute to Black Inventors and Scientists”**

_____ **Pyramids in America: The Ancient Empire of Mound Builders**

The vendor agrees to display the exhibition and/or provide educational presentation(s) on the designated date(s) outlined in this agreement. In the event of reasonable and/or unforeseen complications, the vendor will honor the conditions of this agreement on an alternate date(s), at the specified fee, as mutually agreed upon below by the Parties to this agreement. The institution agrees to provide sufficient display facilities and resources to ensure a successful presentation and/or exhibition and to abide by the fee schedule as agreed upon and stated below.

DATE(S) OF PRESENTATION: _____ (Alternate Dates:) _____

The Estimated Size of each Audience _____ Total Student/Organization Population _____

FEE SCHEDULE: At least a 50% deposit is due at the time this agreement is reached to insure your date(s). The Total Balance is due on or before the day of the Presentation. The actual fee is negotiable and does not include Travel and accomadations expenses, if applicable. There may be a full refund of deposit for cancellations made in writing at least 30 days prior to scheduled date.

STANDARD FEES	Daily	Weekly (5 days)	*Custom Terms
Schools/Non-profits	300.00	1,250.00	negotiable
Corporate Sponsor	500.00 & up	2,500.00	negotiable

The agreed upon Fee between The Parties is _____ (USD) with payment to be made as noted in the fee schedule.

***Custom Terms:** (Special terms can be reached for multi-day and Weekend programs) **Travel and Lodging :** \$ _____ (Optional)

Deposit \$ _____ Date _____
Bal Due \$ _____ Date _____

Make Payable to: **BISM, Inc.** Tax ID No. 32-0163058

Black Inventors and Scientists Museums, Inc.

The Institution

 Print Name (authorized representative)

 Print Name (authorized representative)

 Signature
 Date _____

 Signature
 Date _____

BISM, Inc. PO BOX 65302, Baton Rouge, LA 70896
(225) 439-6885 Office (310) 916-1551 mobile

www.TheBlackInventionsMuseum.org
Email: email@theblackinventionsmuseum.org
 (Form revised 06.19.17)