

Letter of Agreement

Invoice

Client: _____

Organization: _____

Dates of Program: _____

Hours/Length of Program: _____

Title of Program: _____

Specific Topics to be covered: _____

Maximum or appropriate number of participants: _____

Meeting Site: _____

Program Fee: _____

Fee includes: Research, customization of program, quality handouts and **fun!**
25% deposit required to hold date.

Signed: _____

Date: _____

Please mail check to:
Mike Marino, Jr. In Person
P.O. Box 9015
Metairie, Louisiana 70055

Please sign, make a copy, and return to indicate accuracy and acceptance of
information and terms.

Mike Marino, Jr.

P.O. Box 9015

Metairie, Louisiana 70055

Phone: 504-442-9490

Email: <mailto:bigeasy382@gmail.com>

<http://mikemarinojrperson.com/>