Please type or print legibly.	Agreement should be returned within	14 (fourteen) business	days of the event.	Agrebeenceomth phechellyd filled out and is
subject to the approval of St	tudent Affairs staff.			

This Agreement is entered into on this date:

by and between

('Supplier') and Northwestern University ('Northwesternderaltion on the compensation and/or use of Northwesterner learning terms and conditions:

Services to be provided by the Supplier:		
Date/Time of Engagement:		
Place of Engagement:		
Compensation to Supplier (enter \$0 if there is no	cost): \$	
Northwestern check should be made payable to:		
Federal ID number or Social Security #:		
Description of additional needs (e.g., sound/lights	S,	
hospitality, travel, special equipment):		
Student Group Name		
Student Group Contact	t: Name:	Email:

- x Supplier will be paid by Northwestern check following its performance of the services to be Goodleaed under this
- x No performance or program, or any part thereof is to be reproduced by Northwestern, including but not limited reproduction by coroadcasti tape recording without the written permission of the Supplier. Supplier is similarly prohibited from reproducing a performance we started and campus without the written permission of University Relations at Northwestern.
- x Unless Northwestern, in its discretion, has given express advance written consent, University trade names, trademarks, nicknames, symbor images are not permitted to appear in Supplier's materials, on Supplier's websites, or other communications.
- x It is specifically agreed that the Supplier, its employees and agents are acting as independent contractors and are no Naoytenwissisticemn phoyee is further agreed that the Supplier agrees to perform and discharge all obligations as an independent contractors, unwhatethen ye xaisting for in W KXHW IX QUIFIO X QV POXXLP VEVINFH IS GR U IX QV POXXLP VEVINFH IX QV POXXL

Indemnification: IRWZLWKVWDQGLQJDQ\RWKHUL\$CGRHPLQMURQQGX\$BBOGHKDDJPDHHWW WRUSWHYBLQVGWHHPSOR\HHVRIDQGIURPDQ\ORVVFRVWGDPDJHRUH[SHQVHLQFXUUHGDVDFRQVHRIRULQFXUUHGDVDFRQVHRIRULQFRQQHFWLRQZLWK6XSSOLHUVSHUIRUPDQFHXQGHUWKLV\$JUHHPHQWWRLVXFKFODLPVXQOHVVVXFKORVVUHVXOWVVROHO\IURPWKHQHJOLJHQWDFWVRUR

Insurance Requirements. XSSOLHU DIXADEDLOQ BY DO REDAM IS HVOR VOHH LQVX UF BX QF HUD QE BY UX DAS QF HV DU PIP MY URFULD OO\ UF OLF WURFULD OOK HUR QVXQG HU DV QE GYMR HD QD JA HUH LD AD HUH LD AD HUD DU HEAL KUD MS BULD HUD LOD UR HUD LOD U