



Independent Contractor Agreement

I, _____, of _____, have agreed to
NAME COMPANY
perform the following services **Invited Speaker for Physical Therapy Grand
Rounds** on _____ for a fee of **Two Hundred Fifty Dollars
(\$250.00)**.

I agree to allow my materials to be shared and certify to the best of my knowledge that no copyrighted materials will be included. I understand the presentation may be recorded and shared.

To be completed by **Independent Contractor:** To be completed by **Chatham University:**

_____ Signature	_____ Melissa Bednarek PT PhD Budget Administrator (print)
_____ Address	_____ Budget Administrator Signature 412-365-1831
_____ Address	_____ Phone
_____ Phone	_____ Division Vice President (print)
_____ Social Security or Employer ID Number	_____ Division Vice President Signature
_____ Date	_____ Date

Please sign this form and return it to Rebecca Zirpoli, DPT Program Assistant
Chatham University, 107 Woodland Road, Pittsburgh PA 15232
P: 412-365-1409 E: r.zirpoli@chatham.edu F: 412-365-1213
Thank You.