



# General Services Request and Agreement

Please provide the information requested below, sign where indicated, and return via email to Barbara Freeman, [bfreeman@umsi.org](mailto:bfreeman@umsi.org). If you need to elaborate, submit the additional information as an addendum to this form.

After your request has been reviewed and date approved, this completed document will be returned to you. The designated NAUMS, Inc. representative will contact you to finalize preparations for your event. Contact Shirley Smith at [ssmith@umsi.org](mailto:ssmith@umsi.org) or 888.485.8525 with questions.

**Name of School** \_\_\_\_\_

**Head of School** \_\_\_\_\_  
First Last (Title, if different)

**Mailing Address** \_\_\_\_\_  
City State ZIP

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

- Full Member  Associate Member  Developing UMS  Transitioning UMS  
 This school is current on all membership fees. If not, please explain: \_\_\_\_\_

## Information Request

### Specific services requested (select all that apply):

- orientation or school implementation training
- on-site training or workshop
- speaking engagement
- special consultation
- conflict resolution
- training on another UM® school campus: \_\_\_\_\_
- other: \_\_\_\_\_

### Target audience of requested services (select all that apply):

- administrators
- department chairs/deans
- teachers
- support staff members
- parents
- students
- outside groups (i.e. donors, business professionals, etc.)
- other: \_\_\_\_\_

**Specific NAUMS, Inc. representative (consultant/specialist/NAUMS staff member), listed in order of preference:**

**Description of primary objectives of requested services:**

**Anticipated outcomes of requested services, in order of priority:**

**Requested service dates: first preference:** \_\_\_\_\_ **second preference:** \_\_\_\_\_

## School Obligations to NAUMS, Inc. Representative

- Travel/meals (airfare or mileage)
- Lodging (Representative may agree to stay in a stakeholder's home)  
*Reimbursement for travel/meals/lodging payable directly to NAUMS, Inc. representative*
- Honorarium options:
  - \* Three-Four Hours: \$150-250 Amount: \_\_\_\_\_
  - \* Five-Six Hours: \$275-375 Amount: \_\_\_\_\_*Make honorarium check payable to NAUMS, Inc.; mail to corporate office. NAUMS, Inc. will remit payment directly to Representative.*

The signatures of the parties below signify the following:

- The requesting school agrees to accept responsibility for the related costs enumerated herein above.
- NAUMS, Inc. agrees to provide the requested services described herein.

Accepted and agreed between NAUMS, Inc. and \_\_\_\_\_,  
Name of School or recipient of services

\_\_\_\_\_  
Signature of Head of School

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NAUMS, Inc. CEO

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date