

Agreement For Services

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Charges: \$60/hr; copies billed at cost

Retainer: \$300 [credited to the number of hours authorized]

Number of hours authorized: _____

(minimum 5)

Family Name(s): _____

Specific Goals of Research: _____

Signature

Date