



ILLINOIS ASSOCIATION FOR GIFTED CHILDREN
1500 SULLIVAN ROAD
AURORA, ILLINOIS 60506
630.907.5047 (PHONE)

POLICY ADVISOR CONTRACT

PLEASE COMPLETE ALL PORTIONS THAT ARE APPLICABLE. SIGN ONE COPY AND RETURN IT TO IAGC AT THE ABOVE ADDRESS.

Name _____

Home address _____

City, State, Zip _____

Phone (H) _____ (C) _____

Email _____ Fax _____

SS# or FIN# _____ Are you incorporated? _____

Service to be provided: IAGC Policy Advisor

Date(s): One year, commencing January 1, 20 ____ -December 31, 20 ____.

Reimbursement: _____

Payment to be made monthly.

Consultant signature Date

Executive Director or President's signature Date

This contract is between independent consultant named herein and IAGC for the professional services described. Payment is made upon completion of services and original signed contract on file at IAGC. Receipts must accompany expense form. The Board of Directors may terminate this contract with a 14 day notice. This contract is automatically terminated upon dissolution of the corporation.