



**CHOICE & CONSEQUENCE™**  
**THE REAL INSIDE STORY™ (TRIS) CONTRACT FOR SERVICES**

Please call 360-422-5704 with questions. This contract is a fillable form. Please complete and click the submit button at the bottom of the page. When your completed contract is received, an email confirmation of your TRIS presentation day will be sent. **Incomplete contracts cannot be confirmed.**

**Event Name:** \_\_\_\_\_

Emergency Contact Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ **Email address:** \_\_\_\_\_

Phone: \_\_\_\_\_ **Cell:** \_\_\_\_\_ Fax: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TRIS Date: \_\_\_\_\_ Organ: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Lady

Presentation	Set-Up Time	TRIS Time / Health Fair or Lecture Style	Number of Participants
1			
2			
3			
4			
5			

CC provides a **maximum of 5 presentations** per day, each 60-90 minutes long. Please allow 30 minutes for a lunch break. For lecture style, the larger the audience size, the more time is required. We need one hour to set up before the start of your event.

Meeting place (one hour before event): \_\_\_\_\_ TRIS Set Up Room: \_\_\_\_\_

Unloading Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Billing Information:**

Payor: \_\_\_\_\_

Contact Name: \_\_\_\_\_ **Email address:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Purchase Order #:** \_\_\_\_\_

I agree that my name typed below will serve as my original signature. By signing, I agree to hold harmless, the CC organization, board and staff members for any situations that may arise as a result of engaging TRIS for my event. I have read and agree with the terms of the CC Policy for Providing TRIS Services. Please print a copy for yourself and click on submit using the buttons below to complete your contract.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_