



# Peacemaking Associates

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## AGREEMENT FORM

**ORGANIZATION:**

**CONTACT PERSON:**

**Position:**

**ADDRESS:**

**CITY:**

**ST:**

**Zip:**

**COUNTRY:**

**PHONE:**

**FAX:**

***EVENT:***

**DATE(s) OF SERVICE:**

***DESCRIPTION OF SERVICES:***

**AGREEMENT MADE BY**

**Please PRINT Name**

**Name Of Organization**

**Signature**

**Date**

**Jacqueline Haessly:**

**Peacemaking Associates**

**Signature**

**Date**

**ONE HALF of Payment, made payable to Peacemaking Associates, due with this form.**