



## *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** \_\_\_\_\_

**NAME OF ORGANIZATION** \_\_\_\_\_

**Please PRINT Name:** \_\_\_\_\_

**Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Jacqueline Haessly:** \_\_\_\_\_

*Peacemaking Associates*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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