

SERVICE AGREEMENT

1. **PARTIES:** What follows is are the terms and conditions of an agreement between,

Name of Business or Person

Address

City

Postal Code

Phone

Email

(Hereafter referred to as the "CLIENT")

AND

P.D. Professional Services
Suite, 302, 6455 Macleod Trail SW, Calgary, AB T2H 0KP
T: 403-252-3316
E: drpaulday@gmail.com

(Hereafter referred to as the "CONSULTANT")

2. **SERVICES:** The **CLIENT** hereby employs the **CONSULTANT** to perform the following services, in accordance with the terms and conditions set forth in this agreement. The **CONSULTANT** will;

- a.
- b.
- c.

3. **TERMS OF AGREEMENT:** Both parties agree that;

- a. This agreement will begin _____ and end _____
Month, Day, Year Month, Day, Year
- b. Either party may cancel this agreement on thirty (30) day notice to the other party in writing, by email, certified mail or personal delivery.

4. **INDEPENDENT CONTRACTOR:** Both the **CLIENT** and **CONSULTANT** agree that;
- a. The **CONSULTANT** will act as an independent contractor in the performance of its duties under this agreement.
 - b. The **CONSULTANT** will be responsible for payment of all taxes including Federal, Provincial arising out of the **CONSULTANT** activities in accordance with this agreement.
5. **CONSULTANT TIME:** It is anticipated,
- a. The **CONSULTANT** will spend approximately _____ hours in fulfilling its obligation under this agreement. The exact amount of time may vary.
 - b. The **CONSULTANT** will devote a minimum of _____ hours per month to its duties in accordance with this agreement.
6. **WHERE SERVICES RENDERED:**
- a. The **CONSULTANT** will perform most services in accordance with this agreement at _____.
 - b. The **CONSULTANT** may perform services on video and telephone and other places designated by the **CLIENT** to perform services in accordance with this agreement.
7. **CONDITIONS AND TERMS OF PAYMENT:**
- a. The **CONSULTANT** will be paid at a rate of \$ _____ per hour for work performed in accordance with this agreement.
 - b. The **CLIENT** agrees to pay for any additional services, products or tools provided by the **CONSULTANT**, which has been agreed to in writing, such as personality assessment, psychological testing, software applications and the like.
 - c. The **CONSULTANT** will be paid at least \$ _____ per month regardless of the amount of time spent in accordance with this agreement.
 - d. The **CONSULTANT** will submit an itemized statement setting forth the time spent and services rendered, and the **CLIENT** will pay the **CONSULTANT** the amounts due as indicated by statements submitted by the **CONSULTANT** within ten (10) calendar days of receipt.
8. **CONFIDENTIALITY:** The **CONSULTANT** agrees that,
- a. Any information received by the **CONSULTANT** during any furtherance of the **CONSULTANT'S** obligations in accordance with this agreement, which concerns the personal, financial and other affairs of the **CLIENT** will be treated by the **CONSULTANT** in full confidence and will not be revealed to any other persons, firms or organizations.

9. EMPLOYMENT OF OTHERS:

- a. The **CLIENT** may from time to time request that the **CONSULTANT** arrange for the services of others. All costs to the **CONSULTANT** for those services will be paid by the **CLIENT**.
- b. The **CONSULTANT** will not employ others without prior authorization of the **CLIENT**.

10. OWNERSHIP:

- a. The **CONSULTANT** will retain the original of all writings, analysis and reports on behalf of the **CLIENT**.
- b. The **CLIENT** will retain a copy of all writings, analysis and reports prepared or provided by the **CONSULTANT**.

SIGNED AGREEMENT: The signatures below indicate a mutual agreement to execute this agreement, including its terms and conditions.

CLIENT Representative

Date

CONSULTANT Representative

Date

FEE SCHEDULE

	Individual Leader	Group Consult
Face-to-Face	<i>140/hr/meeting</i>	<i>300/hr/meeting</i>
Video	<i>140/hr/meeting</i>	<i>300/hr/meeting</i>
Telephone	<i>140/hr/meeting</i>	<i>300/hr/meeting</i>
Email	<i>70/exchange</i>	<i>150/exchange</i>
Brief Contact	<i>FREE</i>	<i>FREE</i>
Half Day (3 hr)	<i>300</i>	<i>650</i>
Full Day (6 hr)	<i>500</i>	<i>1200</i>
Annual Retainer	<i>1000 minimum</i>	<i>3000 minimum</i>
Late Cancel, No Rebook	<i>140</i>	<i>300</i>
Late Cancel, Rebook	<i>50</i>	<i>100</i>
No Show	<i>140</i>	<i>300</i>
Written Report	<i>75</i>	<i>150</i>
Copy of Notes	<i>10-15</i>	<i>10-15</i>
Auxiliary Services	<i>Prorated at 140/hr</i>	<i>Prorated at 200/hr</i>
16PF Assessment	<i>175</i>	<i>150/person</i>
MBTI Assessment	<i>100</i>	<i>100/person</i>