

CLIENT			
LOCATION			
DIVISION			
DAY		DATE	



EVENT TEMPS, INC.

I agree not to solicit employment or give my resume or contact info to any Event Temps, Inc. client. I understand such actions could constitute interference with contractual relations. I understand that I am an employee of Event Temps, Inc. and I am on assignment with, but not an employee of, the above named Client Company.

#	NAME	POSITION	IN	OUT	BREAK	PAID HRS.	TEMP. SIGNATURE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							

I agree that I am responsible for the supervision, safety and quality control for the Event Temps Inc. employees provided and I agree not to pay them directly or solicit their contact information. I understand that considerable time and effort has been spent recruiting, selecting, and training these temps, and therefore, I may not permit or cause these temps to be placed on the payroll of my firm or any other firm for 12 months after completion of this assignment, unless otherwise stipulated by contract. In the event my company or I violate this clause, my company and/or myself will promptly pay Event Temps Inc. as liquidated damages, not as a penalty, the greater of \$2000 or 25% of the annualized compensation; and my company and I agree to pay all costs and expenses (including attorneys' fees) in connection with the collection of amounts due Event Temps, Inc.

Client Signature (REQUIRED) _____ (PRINT NAME) _____ Date _____
Attention Client Manager: Please fax or email this master slip to our office at the end of the event.

CLIENT			
LOCATION			
DIVISION			
DAY		DATE	



EVENT TEMPS, INC.

I agree not to solicit employment or give my resume or contact info to any Event Temps, Inc. client. I understand such actions could constitute interference with contractual relations. I understand that I am an employee of Event Temps, Inc. and I am on assignment with, but not an employee of, the above named Client Company.

#	NAME	POSITION	IN	OUT	BREAK	PAID HRS.	TEMP. SIGNATURE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							

I agree that I am responsible for the supervision, safety and quality control for the Event Temps Inc. employees provided and I agree not to pay them directly or solicit their contact information. I understand that considerable time and effort has been spent recruiting, selecting, and training these temps, and therefore, I may not permit or cause these temps to be placed on the payroll of my firm or any other firm for 12 months after completion of this assignment, unless otherwise stipulated by contract. In the event my company or I violate this clause, my company and/or myself will promptly pay Event Temps Inc. as liquidated damages, not as a penalty, the greater of \$2000 or 25% of the annualized compensation; and my company and I agree to pay all costs and expenses (including attorneys' fees) in connection with the collection of amounts due Event Temps, Inc.

Client Signature (REQUIRED) _____ (PRINT NAME) _____ Date _____
Attention Client Manager: Please fax or email this master slip to our office at the end of the event.