

**WEDDING CONSULTANT INTERVIEW
VENDORS or VENUE SELECTION**

© Weddings with Elan

Wedding Date: _____ **CONSULTANT:** *Elaine M. Parker, Ed.M. cwc*
BRIDE _____ GROOM _____
STREET _____ STREET _____
CITY & STATE _____ CITY & STATE _____
PHONE: HOME () _____ CELL PHONE: (H) or (W) _____
E-MAIL ADDRESS _____
PARENT CONTACT IN CASE OF EMERGENCY: PHONE () _____
Referred by: Name or Organization _____ Internet _____

CONSULTANTS ROLE: The Consultant's role is initially that of an advisor. YOU will make the actual selections of service providers and the CONSULTANT will implement the selections you choose from the list below. Services left blank will NOT be pursued by the Consultant Please PRINT the name of each service provider. The Consultant will circle the providers you request and arrange for appointments or clear the dates of providers for your wedding date AFTER receiving your deposit

LIST OF SERVICE PROVIDERS

CEREMONY SITE: _____	COMMENTS OR NOTES
OFFICIATE: _____	_____
CEREMONY MUSIC: _____	_____
Director: _____	_____
PHOTOGRAPHER: _____	_____
VIDEOGRAPHER: _____	_____
FLORIST: _____	_____
DECORATIONS: _____	_____
RENTAL ITEMS: _____	_____
LIMOUSINE COMPANY: _____	_____
ATTIRE for BRIDE: _____	_____
For GROOM: _____	_____
For BRIDE'S ATTENDANTS: _____	_____
For GROOMS MEN OR USHERS _____	_____
DRESSING LOCATION: _____	_____
REHEARSAL PARTY LOCATION: _____	_____
REHEARSAL TIME: _____	_____
RECEPTION LOCATION: _____	_____
CATERER: _____	_____
CAKE DESIGNER: _____	_____
MUSIC FOR RECEPTION: _____	_____
COORDINATOR: _____	_____
CLIENT NAME: _____	DATE _____

PAYMENTS ARE REQUIRED AS SHOWN AFTER INTERVIEW
Please make checks to Weddings with Elan

\$ _____ DEPOSIT upon acceptance of this interview and review of agreement
TERMS OF AGREEMENT

PAYMENT SCHEDULE:

Deposit received: \$ _____ Date: _____
Total may be sent:
Monthly @ \$ _____ on 1st day of month
All payments must be made _____ days before the wedding rehearsal

Or in 3 (Three) payments: @ \$ _____ due: Months _____
(1) \$ _____ Month _____
(2) \$ _____ Month _____
(3) \$ _____ Month _____

All payments must be made _____ days before the wedding rehearsal
Checks may be made out to WEDDINGS WITH ELAN and mailed to
PO Box 50901 Nashville, TN 37205

TERMS and CONDITIONS OF THIS AGREEMENT

1. IF CANCELLATION OCCURS _____ DAYS BEFORE THE WEDDING, REFUNDS ARE LIMITED TO: _____
2. ALL VENDORS ACCEPTED BY THE CLIENT SHALL BE LIABLE FOR THEIR OWN BUSINESS PRACTICES AND SUITABILITY OF THE CLIENT. The CONSULTANT will do everything reasonable and prudent to assure that all the vendors chosen by the client are reputable and reliable. If a specific vendor CANNOT PERFORM, the Consultant, under this accepted agreement will make an effort to find a satisfactory substitute as DIRECTED BY THE CLIENT or in the Consultant's best judgment.
3. THE CLIENT by signing this agreement agrees to hold harmless the Consultant for any error, non-performance, or change made by the VENDOR.
4. Any NEW SERVICES not on the original agreement(s) will require a signed new agreement.
5. In the event of litigation regarding this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

• SEE ATTACHED **AGREEMENT FOR WEDDING CONSULTANT FOR**
ADDITIONAL SERVICES TO BE INITIALED BY THE CLIENT

THE TERMS OF THIS AGREEMENT ARE ACCEPTED BY

CLIENT: _____ DATE: _____

CLIENT: _____ DATE: _____

CONSULTANT NAME: _____ DATE: _____