

# MOTIVATIONS Inc.

## Course Engagement Letter

Host Engagement Letter for:  
Contact Person: E-mail:

This letter confirms our desire to partner with you for the purpose of providing specialized healthcare training for programs to be offered by MOTIVATIONS, Inc. The terms of the engagement are as follows:

**Course:**

**Instructor's Name:**

**Time/Location/City: 8:00-5:30/**

**Date:**

**MOTIVATIONS, Inc. Responsibilities:**

- Course Engagement Letter
- Admission for 40 persons
- Instructor fees
- Instructor travel expenses
- Course content development, planning and evaluation
- Promotional brochures-up to 500
- Course marketing on our website and general listings
- CEU pre-approval arrangements for PT, OT, SP and ATC
- Preparation of all instructional materials
- Registration desk materials: sign-in sheets, nametags
- Course completion materials: evaluation forms, CEU permanent record forms
- CEU registered certificates for attendees

**Facility Responsibility:**

- Provide accessible facility with tables and chairs set 40
- Furnish basic audio visual equipment (if available)
- Furnish location information
- Recommend a hotel under \$99 - walking distance or shuttle (if possible)
- Furnish a facilitator to operate the registration desk & assist as needed during the course
- Furnish coffee, water, ice and snack foods for breaks a.m. and p.m.

**Arrangement:** This arrangement entitles your facility to earn complimentary seats in this course, in consideration of completion of the responsibilities listed above. Free seats are earned at the rate of:

- 1 free seat for each 10 paying up to 20 paying attendees
- 1 additional free seat for each 5 paying attendee beyond 20  
(30 paying attendees 4 free/ 40 paying attendees equals 6 free)

As a host facility, your staff would qualify for the consortium 25% discount rate on any MOTIVATIONS course during that year. The course may be cancelled if less than 20 paying attendees register.

**Conflict of Interest: Both parties agree to avoid actions that would be considered a conflict of interest.**

Name of person accepting: (please print) \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Offered by: \_\_\_\_\_ Date: \_\_\_\_\_  
Jane Boston, President