



Motivations Partner Program - Agreement Letter

**Partner Organization:**

**Address:**

**Contact Name, Phone and Email:**

This agreement letter confirms our desire to enroll in the Motivations Partner Program to share and promote continuing education courses to medical rehabilitation professionals. These courses are approved to meet most licensing board requirements for CEU level courses.

Partners will receive their own customized catalog webpage by choosing from our list livestream or self-study courses to promote courses directly to their staff and contacts for a shared income of **20% of gross sales on the individual rate prices from their catalog page.**

**MOTIVATIONS, Inc. Responsibilities:**

1. Customer Services needs for course management.
2. CEU Courses including: registrations, course development, materials, certificates and related needs.
3. CEU approvals through APTA Chapters, AOTA, ASHA NATA depending upon the topic.
4. Instructor honorariums, royalties and engagements
5. Sales transactions and fees including purchases, credits and refunds
6. Maintain CEU learners records for 7 years
7. Furnish a unique catalog webpage for sales promotion
8. Furnish Partner a online sales report link

**Partner Responsibility:**

1. Provide marketing promotion of courses to their staff and/or contacts using the Partners catalog page.
2. Recognize that the course content is the property of the instructors through Motivations Inc.

**Financial Arrangement:** Motivations Inc agrees to pay the partner 20% of sales gross income derived from their website catalog page based on sales at individual rate pricing. Payment will be made quarterly by direct deposit.

**Conflict of Interest:** Both parties agree to avoid actions that would be considered a conflict of interest, and to abide by any government laws and regulations related to this work. This is not an exclusive contract and both parties may continue to develop and offer CEU opportunities through other means without limitations.

**Term:** This partnership will be effective from the date of this signed agreement and will remain until either party ends the agreement. It may be ended by either party with 30 day email written notice.

Person accepting: (please print) \_\_\_\_\_

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

Offered by: \_\_\_\_\_ Date: \_\_\_\_\_

Jane Boston M.ED, President