

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:

Date:

MOTIVATIONS, Inc. Responsibilities:

- Course Engagement Letter
- Admission for up to 40 persons
- Instructor fees
- Instructor travel expenses
- Course content development, planning and evaluation
- Promotional brochures
- Course marketing on our website and general listings
- CEU pre-approval arrangements for PT, OT, SP and ATC (depending on the topic)
- 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 \$125 - walking distance or shuttle (if possible)
- Furnish a facilitator to operate the registration desk & assist as needed during the course
- Furnish coffee, water & snacks during registration, am & pm breaks

Arrangement: The facility agrees to send at least five (5) attendees. This may be a combination of paid attendees and/or earned free seats. Free seats earned at course closing as follows:

- 1 free seat for each 10 paying attendees, up to 20 paying attendees (The first free seat serves as the facilitator)
- 1 additional free seat for each 5 paying attendees beyond 20 (20 paying attendees equal 2 free seats /25 paying attendees equal 3 free seats /30 paying attendees equal 4 free seats /35 paying attendees equal 5 free seats)

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

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: _____
Jane Boston, President