MOTIVATIONS Inc.

Sponsor 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/Date/: 8:00-5:30/ Location/ Hours: Open or Closed to the Public: _____ Open ____ Closed MOTIVATIONS, Inc. Responsibilities: Engagement agreement form Admission for 30-40 persons Instructor fees Instructor travel expenses Course content development, planning and evaluation Promotional brochures to share with staff CEU pre-approval arrangements for PT, OT, ST or ATC depending on the topic. (see brochure) Preparation of handout instructional materials Registration desk materials: sign-in sheets, name tags Course completion materials: evaluation forms, CEU permanent record forms CEU registered certificates for attendees **Facility Responsibility:** Provide accessible facility with tables and chairs to accommodate 30 - 40 Furnish basic audio visual equipment (if available) > Furnish a listing of attendees and professions to Motivations Inc 14 days before course Furnish a facilitator to operate the registration desk & assist as needed during the course Furnish Coffee, water & snacks during registration, am & pm breaks **Sponsor Arrangement:** By completing the facility responsibility list above, you will receive the following. > 30 - 40 attendee registrations depending on the amount of lab time. Sponsor Course Fee: 8 hour course-\$5500 or 16 hour course-\$9500 Payment: \$1000 deposit with remaining balance due 2 weeks after the course. Funds from outside tuition may be used to cover this fee. Conflict of Interest: Both parties agree to avoid actions that would be considered a conflict of interest. Name of person accepting: (please print)

_____ Date:_____

_____ Date:____

Jane Boston, President

Accepted by:

Offered by: