



Course Hosting Agreement Letter

Host Engagement Letter for:

Contact Representative of sponsoring organization Person:

Cell:

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 The Ola Grimsby Institute, Inc. The terms of the engagement are as follows:

Course Title (list course you wish to sponsor)

Instructor's Name: (OGI to determine, if not known)

Date: (list unknown, if not yet scheduled)

Time: (8:00-17:00)

OGI Responsibilities:

- Engagement agreement form

Registration and collections for up to 25 persons

- Instructor fees, travel and lodging expenses
- Course content development, planning and evaluation
- Electronic promotional brochures for advertisement
- Course marketing on our website and general listings
- CEU pre-approval arrangements for PT in WA state with CEU permanent record forms
- Preparation of all instructional materials
- **Registration materials:** website registration, payment and onsite sign-in sheet
- **Survey:** Post-course survey monkey evaluation forms
- **Certificates** Course certificates for attendees following completion of course electronic course survey
- **Thank You:** Provide 1 free registration for every 10 paid participants
- **Reimburse** the facility per day for refreshments (\$€40 per day for 6-10 participants / €60 for 11-15, €80 for 16-20).

Facility Responsibility: Please read all items below, filling in all requested information

- Provide accessible to facility with tables and chairs for number of participants, covering all space and utility costs. Responsible to open and lock facility for use.
- Furnish a facilitator to operate the registration desk & assist as needed during the course (can be a participant or local sponsor)
- Furnish basic audio visual equipment
 - No (check if you do not have AV equipment)
- Furnish location information:
 - **Facility Name:** _____
 - **Facility Address:** _____
 - **Facility Website:** _____
- Recommend a hotel under €99 walking distance or shuttle (if possible)
 - **Hotel Name:** _____
 - **Hotel Phone:** _____
- Provide information for closest airport: _____

- **Furnish drinks, water & snacks** during am & pm breaks. Reimbursed with above formula.
- **Local Contact Person for entry / closing of facility:**

- **Local Contact phone number:**

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- **Yes/** **No:** Course contact, or designate, is able to provide transportation for the instructor to and from the course.
 - **Provide a list of equipment and space available for teaching the course:**
 - **Manual Therapy courses** (*number of table, wedges, belts, etc.*).
 - **List:**
 - **Exercise Equipment:** (*ie, pulleys, benches, free weights, etc*)
 - **List**

Arrangement: No other financial arrangements or requirements are part of this engagement.

The course may be cancelled if less than 10 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):

Date:

Signature

Accepted by: (please print)

Date:

Signature

Offered by Ola Grimsby Jr., Chief Executive Officer

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