

TRAINING LETTER OF AGREEMENT

February 3, 2016

Bill to:

Client: Pacific County Health and Human Services
Attention: Kathy Langbraaten
Address: PO Box 26
South Bend, WA 98586

Ship to:

Client: Pacific County Health and Human Services
Attention: Carly Castaneda
Address: PO Box 26
South Bend, WA 98586

Project Manager: Jennifer Urciaga (phone) - 651-213-4875 jurciaga@hazeldenbettyford.org

Title of Training: *Project Northland Training*

Date of Training: March 1-2, 2016

Training Schedule: 8:00am – 4:00pm each day

Location of Training: South Pacific County Building
7013 Sandridge Rd.
Long Beach, WA 98631

Number of Participants: Up to 30

Audiovisual Equipment: LCD projector, screen, flipchart with markers or whiteboard with markers

Financial Summary:

Client will pay the following fees:

Training Fee:	\$4,200.00
Travel Expenses estimated at:	\$1,500.00**
TOTAL:	\$5,700.00

NOTE: Travel expenses will be billed at the actual cost incurred. This may include airfare and airport parking, ground transportation and/or rental car, lodging and meals. We make every effort to obtain the most cost-effective travel arrangements available.

The following describes the expectations and obligations between **Hazelden Publishing** and **Pacific County Health**.

Hazelden Publishing will provide:	Pacific County Health and Human Services will provide:
<ul style="list-style-type: none"> • Trainer • All participant training materials – to include: <ul style="list-style-type: none"> • Participant training manuals and handouts • Certificates of completion • Evaluations • Sign in sheets • Name tags 	<ul style="list-style-type: none"> • Recruitment and registration of participants • Hazelden one copy of any promotional materials developed • A training facility to accommodate the total number of participants • The training facility set up classroom style, 60 minutes prior to the training start time • Audio-visual equipment, as described above • Break food, beverages and lunches, as needed • Necessary curriculum for participants to satisfactorily complete the training (1 set of curriculum per 2 people minimum) • Purchase curriculum a minimum of three (3) weeks prior to the training

Terms and Conditions

Payment for services, materials, and travel will be invoiced at the completion of the training.

Should circumstances dictate you might need to cancel this training, you may incur a cancellation fee to cover any prepaid expenses for development time, materials, trainer fees and non-refundable travel arrangements.

Hazelden reserves the right to substitute trainers at any time during the period of this Letter of Agreement.

Hazelden reserves the right to cancel or postpone this training due to circumstances beyond Hazelden's control. Examples of these circumstances may include but are not limited to a death or medical emergency in our trainer's family, inclement weather that delays travel or puts our trainer in harms way, or any natural disaster affecting all parties involved.

Modifications to this Letter of Agreement can only be made with the written authorization of both parties.

All fees and trainer availability are guaranteed only for the dates specified.

This Letter of Agreement accurately reflects the working relationship between **Hazelden Publishing** and **Pacific County Health and Human Services**.

 Pacific County Health and Human Services

 Jennifer Urciaga
 Hazelden Publishing

 Date

 Date

Hazelden Federal ID #: 41-0682405
Make your check payable to Hazelden.

Mail to Hazelden, PO Box 176 – RW11, Center City, MN 55012