

Fax or mail your completed form to:

DCP Training & Consulting  
5098 Foothills Blvd., Suite 3-306  
Roseville, CA 95747  
(916) 554-7278  
(916) 632-8801 Fax

Please call DCP at (916) 554-7278 for scheduling dates.

<b>DIVERSIFIED CAREER POTENTIALS TRAINING AGREEMENT</b>	
Date:	
Contract #:	
Presenter:	Diana Cox-Pratt
Fee:	\$
Deposit: 50% of contracted fee	\$
Function:	
Date of Program:	
Client	
Client Contact:	
Address:	
Telephone Number:	
Fax Number:	
Location:	
Topic:	
Attendees:	

<b>Additional Terms:</b>	
Printing	Client will provide printing for all seminar materials, and overnight hotel accommodations, as needed.
Audio Visual Requirements:	You should provide an overhead projector, screen, and flip chart. If the program size warrants, an extension cord for a lavalier microphone should be available.
Special Instructions:	The presenter will call prior to the program to discuss your special needs and customize as needed.

<b>Conditions of Engagement:</b>	
1. Client Cancellations and Changes	a. If the seminar is canceled by you more than 30 days prior to the course. b. If the seminar is moved by you to a different date agreeable to us within 180 days of the original program date, you will be responsible for any non-refundable travel expense.
2.	In the event of cancellation of the presenter due to illness or unknown emergency, or overriding obligation of professional responsibility, we will not have any liability except to replace presenter with a substitute that is acceptable to you or to refund you any deposits received. In the event of cancellation by us, we will pay for any non-refundable travel expense incurred by us.
3.	It is understood that the presenter is an independent contractor.
4.	This agreement may not be changed, modified, waived or discharged in whole or in part except in writing, and is agreed to by both parties. This agreement constitutes the entire agreement of both parties and supersedes any agreements, quotations or verbal representation.

Client Signature:
I have read and understand the aforementioned conditions, and agree to accept them as written.

Thank you for your business!

Accepted:

DCP Training & Consulting Representative Signature	
Printed Name	
Date	
Client Signature	
Printed Name	
Date	