

## Presentation Agreement with Sunshine Therapeutics

I, \_\_\_\_\_, as a representative for \_\_\_\_\_ am entering into this agreement with Sunshine Therapeutics to present the following course on this date \_\_\_\_\_.

- Part 1: B.F.F. Rider Clinic
- Part 2: B.F.F. Rider Clinic
- Part 3: B.F.F. Rider Clinic
- Part 4: B.F.F. Rider Clinic
- Mini- Clinic Options
  - \*Alignment Assessment and corrective stretching for the horse (2-3 hours)
  - \*Alignment Assessment and corrective stretching for the rider (2-3 hours)
  - Goal setting, tracking, and achieving: Putting Intent into Riding
  - Breath! It's important for calming, energizing, and connecting to your horse
  - Equestrian Nutrition: how food can improve your riding
  - \*Core Strengthening. Am I balanced and using my core?
  - Simple saddle fit
  - \*Calm under pressure: simple techniques to keep you focused in a chaotic situation
  - \*Equestrian yoga (2 hours)
  - Kinesiotaping: The Duck tape for athletes

**a complete summary of the course objectives and outline can be found at [www.sunshinetherapeutics.com](http://www.sunshinetherapeutics.com)**

I am requesting the course(s) chosen above as a

- Full day course
- Half day course
- 2 hour presentation
- 1 hour introduction
- Multiple 1-2 hour courses

I would like the class to start at \_\_\_\_\_ time and be finished by \_\_\_\_\_ . (Please allow at least 30 minutes before and after the class for registration and post course questions.)

I am requesting that the course be

- Private for my group only
- Open to the public and I will be responsible for advertisement
- Open to the public and advertising will be a joint effort between Sunshine Therapeutics and the organization that I am representing

I agree to the following pay scale for Sunshine Therapeutics to present for my organization:

## **B.F.F. Rider Clinic part 1 and 2 (14 hours)**

- \$100/person for each B.F.F. Part with a minimum of 10 participants for each clinic
- \$1,800 flat rate for a 1 day clinic of Part 1 and Part 2 with a minimum of 10 participants for each clinic
- \$3,500 flat rate for a 2 day clinic incorporating Part 1-4 with a minimum of 10 participants for each clinic
- \*Discount rate of \$350 per participant when signing up for Part 1 and 2 together

\*The full day clinics include handouts, lunch, full active participation of all participants, and enrollment into the B.F.F. Rider 1000 point Challenge. No auditors are allowed in the program.

## **Private Mini Clinics**

Private mini clinics are available at your facility or ours. If the minimum number of participants is not met, the clinic can be provided at the flat rate divided by the number of participants.

- 1 hour clinic for \$125 or \$15/person with a minimum of 8 participants
- 2 hour clinic for \$250 or \$25/person with a minimum of 8 participants
- 3 hour clinic for \$375 or \$40/person with a minimum of 8 participants

\*Any travel expenses will be billed to the client. Please indicate the services you may have available to decrease the travel expense

- transportation to/from the airport if needed
- overnight accommodations if needed
- meals for the presenter

Please indicate the setting for the course:

Please indicate if you have audio/visual equipment including a screen projector and a body microphone if needed.

- Yes
- No

I am enclosing the \$250 deposit made to Sunshine Therapeutics to reserve the class and date stated above. I understand that this is a non-refundable deposit if I should cancel the course in <30 days.

I understand that if the class does need to be canceled or rescheduled, I must provide Sunshine Therapeutics with at least 1 month notice for a full refund of my deposit minus a \$25 transaction fee. The class must be paid for in full at the time of the presentation. I will have the option of paying via check or credit card and it will be noted on this form that I have paid the amount in full. I also have the option to pay in full at this time.

Please indicate below your choice of payment at this time:

- \$250 deposit enclosed paid to Sunshine Therapeutics
- Payment in full for \$\_\_\_\_\_

In the event that Sunshine Therapeutics has to cancel a presentation, all money previously paid to Sunshine Therapeutics will be refunded or another course date will be set. When possible advanced notice >30 days will be provided if a course needs to be canceled. In the event of weather prohibiting the class from taking place or the instructor to be present for the course, all money will be fully refunded or another course date will be set.

Please visit [www.sunshinetherapeutics.com/ceu-courses/policies.aspx](http://www.sunshinetherapeutics.com/ceu-courses/policies.aspx) for Sunshine Therapeutics disclosures and policies.

I have read all information above and on the Sunshine Therapeutics' website and agree to the terms and conditions stated above.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail the enclosed form with deposit to**

Jocelyn Metzger at 5345 Harveysburg Rd, Waynesville, OH 45068

or

Fax to 513-897-0505 with the completed credit card form below

**Payment Information**

Credit Card must accompany your registration form if a check has not been mailed.

Total to be charged \$ \_\_\_\_\_

- American Express
- Visa
- Master Card
- Discover

Card holder's Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration: \_\_\_\_\_/\_\_\_\_\_

**Location of the Presentation**

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Point of Contact Phone number: \_\_\_\_\_

Please indicate any special instructions that you may have:

**Final Invoice to be completed after the presentation:**

Honorarium amount: \_\_\_\_\_

Travel Expenses:

.50 x \_\_\_\_\_ miles= \_\_\_\_\_

Air transportation: \_\_\_\_\_

Rental Car: \_\_\_\_\_

Accommodations: \_\_\_\_\_

\$30/day food stipend x \_\_\_\_\_ days= \_\_\_\_\_

**Total Amount Due to Sunshine Therapeutics:** \_\_\_\_\_

Payment type: cash    credit card    check

Initial receipt: \_\_\_\_\_ Date: \_\_\_\_\_