

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 \_\_\_\_\_.

- Functional Neuromuscular Re-Education
- Myofascial Release in the Traditional Setting

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

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.)

Sunshine Therapeutics is recognized as an approved provider by the American Occupational Therapy Association provider number 7852. The courses mentioned above have been approved for a minimum of 6.5 contact hours = .65 CEUs by the Ohio OT, PT, and AT licensure boards. For presentations in states other than Ohio, please check the following:

- My organization is already an approved provider of CEUs for any presentation; therefore, Sunshine Therapeutics does not have to seek out contact hours for my state
- Sunshine Therapeutics will need to obtain contact hours in the state(s) of \_\_\_\_\_

\_\_\_\_\_ for the following disciplines

- Occupational Therapy
- Physical Therapy
- Athletic Trainers
- Speech Therapist
- Nursing
- Massage Therapists (please note that the Functional Neuromuscular Re-education course is not available for massage therapists)
- Doctors
- I do not need continuing education hours for this course

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
- Open to the public and Sunshine Therapeutics is responsible for advertisement

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

- \$125 / individual registration with a minimum of 15 participants
- \$1500 / Private Course for 1-20 people
- \$2500 / Private Course for 21-30 people
- \$3000/ Private Course for >30 people
- An additional \$500 will be charged for courses requested <2 weeks from the course date

\*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:

- Conference room with tables and chairs in a classroom set-up
- Therapy gym which can seat \_\_\_\_\_ number of people
- Other: \_\_\_\_\_

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

- 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 or illness 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. In the event a course is canceled, Sunshine Therapeutics is only be liable for the paid honorarium. 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

e-mail to [jocelyn@sunshinetherapeutics.com](mailto:jocelyn@sunshinetherapeutics.com) 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: \_\_\_\_\_

Parking Fees: \_\_\_\_\_

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

\$25/day food stipend x \_\_\_\_\_ days= \_\_\_\_\_

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

Payment type: cash    credit card    check

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

