

TCI Teachers' Curriculum Institute

W O R K S H O P C O N T R A C T

TCI Service Center
PO Box 1327
Rancho Cordova, CA 95741
Phone: (800) 497-6138
Fax: (800) 343-6828

Workshop Information

Workshop Name:	Level 1: Social Studies Alive! Powerful Teaching Strategies		
Date:	6/5/2006 - 6/7/2006	Three-day workshop	Time: 8:30 AM to 3:30 PM
You will learn:	Participants will engage in immersion lessons designed to illustrate to power of the TCI Approach. Through active participation in these carefully crafted activities, participants will discover how to tap into their students' multiple intelligences, build content reading skills, use graphically organized reading notes, create and implement processing assignments, and assess students using the multiple intelligences. Woven throughout the training are techniques for creating a cooperative, tolerant classroom environment. Objective: Visual Discovery, Social Studies Skill Builder, and Response Group Strategies Objective: Experiential Exercise, Writing for Understanding, Problem-Solving Groupwork, Interactive Student Notebook		
Audience:	Elementary		
Content:	Combo Elementary		
No. of Participants:	Please enter estimated number of participants.	Workshop fee:	\$6930
	(Not to exceed 50)		

Contact Information

Name:	Andy Martinez		
Work Phone:	(754) 321-1873	Fax:	
Home Phone:		Email:	markquintana@browardschools.com
	For Emergency Use Only		

Billing Information

[Change Billing Information](#)

District:	Broward Co. School District	School:	
Contact:	Andy Martinez		
Billing Address:	600 Se 3rd Ave		
City, State, Zip	Ft. Lauderdale, FL, 33301		
Phone:	(754) 321-1873	Fax:	

Referral Information

One way to to offset the cost of your workshop is to include participants from outside your school or district. We recommend that you charge outside participants a registration fee of \$100 for a one-day training and \$250 for a five-day training. Please let us know if you would like us to refer interested teachers to you.

May TCI refer interested teachers from other districts to your workshop? ☐ Yes ☒ No

Name:			
Home Phone:		Email:	

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Workshop Policies

Workshop Fee: Includes trainer travel, training manual(s) and/or handouts. TCI curricular materials are not included with the workshop fee.

Participant Limit: A TCI Workshop requires at least 15 participants and no more than 50 for Level 1 and 35 for Level 2 Workshops. The optimal number is 20-40 participants.

Payment and Billing: TCI must receive a purchase order, check, or professional services contract six weeks prior to the workshop. Workshops for which TCI has no form of payment are subject to cancellation. If you are unable to submit a form of payment six weeks in advance of your workshop date, please contact TCI at (800) 497-6138. All contracts and payments should name TCI as the payee, not the individual trainer. TCI's tax identification number is 77-0236425. You will be invoiced prior to the workshop.

Rescheduling Policy: After receipt of your signed contract, the following rescheduling policy is enacted:

1. Your program must be rescheduled for a mutually agreeable date within twelve months of the original program date.
2. The following fees apply if you request to reschedule:
 - 30 days in advance of your program start date = no cancellation fee.
 - 14-30 days in advance of your date = 25% of the workshop fee.
 - Less than 14 days in advance of your start date = 50% of the workshop fee and any nonrefundable expenses incurred by TCI.

Trainer: The workshop will be presented by a certified TCI trainer. TCI cannot guarantee the availability of specific trainers.

Workshop Logistics: Enclosed is a Workshop Logistics Worksheet. You need to complete and send this worksheet to TCI six weeks prior to the start of your workshop so we can make all of the necessary arrangements for your event. Please click [here](#), or on "Logistics Worksheet" above. You may complete the form online or print it out and fax or mail it back to us at the above address.

Thank you again for scheduling a workshop with Teachers' Curriculum Institute. Please sign and mail or fax a signed copy of this contract to secure the date for your workshop by **2/23/2006**

This workshop contract includes and incorporates herein the contract revisions appended hereto as Exhibit "A".
Agreed by all parties,

Rafael Ricardo

2/2/2006

Customer Service Representative/Workshop Coordinator

Contract Approved Date

Workshop Sponsor (Please type or print name)

Signature

Date

Title

Board Secretary/Purchasing Agent (If sponsor is unable to sign contract, please forward to appropriate purchasing agent.)

Signature

Date

Title

Contract Revisions

Teachers' Curriculum Institute agrees to comply with all requirements of section 1012.32 and 1012.465, Florida Statutes, and all of its personnel who (1) are to be permitted access to school grounds when students are present, (2) will have direct contact with students, or (3) have access or control of school funds, will successfully complete the background screening required by the referenced statutes and meet the standards established by the statutes. This background screening will be conducted by SBBC in advance of Teachers' Curriculum Institute or its personnel providing any services under the conditions described in the previous sentence. Teachers' Curriculum Institute shall bear the cost of acquiring the background screening required by Section 1012.32, Florida Statutes, and any fee by the Florida Department of Law Enforcement to maintain the fingerprints provided with respect to Teachers' Curriculum Institute and its personnel. The Parties agree that the failure of Teachers' Curriculum Institute to perform any of the duties described in this section shall constitute a material breach of this Agreement entitling SBBC to terminate immediately with no further responsibilities or duties to perform under this Agreement. Teachers' Curriculum Institute agrees to indemnify and hold harmless SBBC, its officers and employees from any liability in the form of physical or mental injury, death or property damage resulting in Teachers' Curriculum Institute's failure to comply with the requirements of this Section or with Sections 1012.32 and 1012.465, Florida Statutes.

Each party agrees to be fully responsible for its acts of negligence, or its agents' acts of negligence when acting within the scope of their employment and agrees to be liable for any damages resulting from said negligence.

Nothing herein is intended to serve as a waiver of sovereign immunity by any agency or political subdivision to which sovereign immunity may be applicable.

The parties expressly acknowledge that it is not their intent to create or confer any rights or obligations in or upon any third person or entity under this Agreement. None of the parties intended to directly or substantially benefit a third party by this Agreement. The parties agree that there are no third party beneficiaries to this Agreement and that no third party shall be entitled to assert a claim against any of the parties based upon this agreement. Nothing herein shall be constructed as consent by an agency or political subdivision of the State of Florida to be used by third parties in any matter arising out of any contract.

The parties shall not discriminate against any employee or participant in the performance of the duties, responsibilities and obligations under this Agreement because of race, age, religion, color, gender, national origin, marital status, disability or sexual orientation.

This Agreement may be canceled with or without cause by SBBC during the term hereof upon thirty (30) days written notice to the other parties of its desire to terminate this Agreement. In the event of such termination, SBBC shall pay Teachers' Curriculum Institute for all services rendered through the effective date of termination.

When any of the parties desire to give notice to the other, such notice must be in writing, sent by U.S. Mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of this paragraph. For the present, the Parties designate the following as the respective places for giving notice:

To SBBC: Superintendent of Schools
The school Board of Broward County, Florida
600 Southeast Third Avenue
Fort Lauderdale, Florida 33301

With a Copy to: Dr. Mark Quintana/ Dr. Louise Ball
Name of District Representative
600 SE 3rd Ave. – 13th floor
Address
Ft. Lauderdale, Fl 33301
Address

To Teachers Curriculum Institute: Karen Sedgwick
Name of Other Party
P.O. Box 1327
Address
Rancho Cordova, CA 95741
Address

With a Copy to: _____
Name to be Provided by Other Party

Address

Address

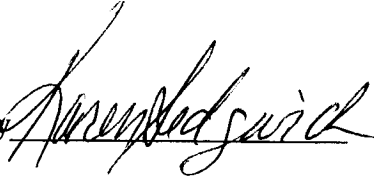
Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

FOR Teachers' Curriculum Institute

The Teachers' Curriculum Institute

Name of Corporation or Agency

ATTEST:

By 

_____, Secretary

-or-

Witness

Witness

The following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2006 by _____ of The Teachers' Curriculum Institute, on behalf of the corporation/agency. He/She is personally known to me or produced _____ as identification and did not first take an oath. _____
Type of Identification

My Commission Expires:

Signature - Notary Public

Printed Name of Notary

Notary's Commission No.

*Please see attached
CA Turnt*

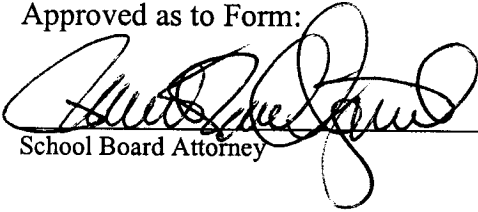
FOR SBBC

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Benjamin J. Williams, Chair

Franklin L. Till, Jr., Superintendent of
Schools

Approved as to Form:


School Board Attorney

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California

County of

Sacramento

} ss.

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me on this

3rd day of May, 2006, by

(1) Karen Sadgwick
Name of Signer

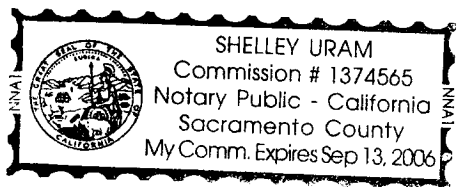
- ☒ Personally known to me
☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (.)
(and

(2) _____
Name of Signer

- ☐ Personally known to me
☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

[Signature]
Signature of Notary Public

Place Notary Seal Above



OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Contract Revisions

Document Date: N/A Number of Pages: 4

Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here

TCI Teachers' Curriculum Institute

WORKSHOP CONTRACT

TCI Service Center
PO Box 1327
Rancho Cordova, CA 95741
Phone: (800) 497-6138
Fax: (800) 343-6828

Workshop Information

Workshop Name:	Level 1: Social Studies Alive! Powerful Teaching Strategies		
Date:	6/12/2006 - 6/14/2006	Three-day workshop	Time: 8:30 AM to 3:30 PM
You will learn:	<p>Participants will engage in immersion lessons designed to illustrate to power of the TCI Approach. Through active participation in these carefully crafted activities, participants will discover how to tap into their students' multiple intelligences, build content reading skills, use graphically organized reading notes, create and implement processing assignments, and assess students using the multiple intelligences. Woven throughout the training are techniques for creating a cooperative, tolerant classroom environment.</p> <p>Objective: Visual Discovery, Social Studies Skill Builder, and Response Group Strategies Objective: Experiential Exercise, Writing for Understanding, Problem-Solving Groupwork, Interactive Student Notebook</p>		
Audience:	Elementary		
Content:	Combo Elementary		
No. of Participants:	Please enter estimated number of participants.	Workshop fee:	\$6930
	(Not to exceed 50)		

Contact Information

Name:	Andy Martinez		
Work Phone:	(754) 321-1873	Fax:	
Home Phone:		Email:	markquintana@browardschools.com
	For Emergency Use Only		

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[Change Billing Information](#)

District:	Broward Co. School District	School:	
Contact:	Andy Martinez		
Billing Address:	600 Se 3rd Ave		
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Phone:	(754) 321-1873	Fax:	

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May TCI refer interested teachers from other districts to your workshop?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Name:			
Home Phone:		Email:	

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This workshop contract includes and incorporates herein the contract revisions appended hereto as Exhibit "A".

Agreed by all parties,

Rafael Ricardo

2/2/2006

Customer Service Representative/Workshop Coordinator

Contract Approved Date

Workshop Sponsor (Please type or print name)

Signature

Date

Title

Board Secretary/Purchasing Agent (If sponsor is unable to sign contract, please forward to appropriate purchasing agent.)

Signature

Date

Title

Contract Revisions

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With a Copy to: Dr. Mark Quintana/ Dr. Louise Ball
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To Teachers Curriculum Institute: Karen Sedgwick
Name of Other Party
P.O. Box 1327
Address
Rancho Cordova, CA 95741
Address

With a Copy to: _____
Name to be Provided by Other Party

Address

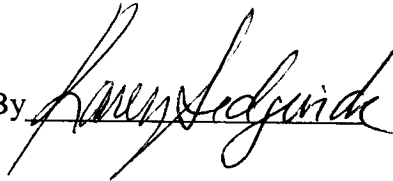
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FOR Teachers' Curriculum Institute

The Teachers' Curriculum Institute
Name of Corporation or Agency

ATTEST:

By 

_____, Secretary

-or-

Witness

Witness

The following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2006 by _____ of _____
The Teachers' Curriculum Institute, on behalf of the corporation/agency.
He/She is personally known to me or produced _____
as identification and did not first take an oath. _____
Type of Identification

My Commission Expires:

See attached CA Jurat

Signature - Notary Public

Printed Name of Notary

Notary's Commission No.

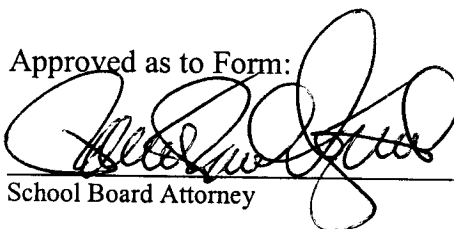
FOR SBBC

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Benjamin J. Williams, Chair

Franklin L. Till, Jr., Superintendent of
Schools

Approved as to Form:


School Board Attorney

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California

County of

Sacramento

} ss.

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me on this

3rd day of May, 2006, by

(1) Karen Selgwick
Name of Signer

- ☒ Personally known to me
☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,)
(and

(2) _____
Name of Signer

- ☐ Personally known to me
☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

[Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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Title or Type of Document: Contract Revisions

Document Date: N/A Number of Pages: 4

Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT
OF SIGNER #1

Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2

Top of thumb here

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Rancho Cordova, CA 95741
Phone: (800) 497-6138
Fax: (800) 343-6828

Workshop Information

Workshop Name:	Level 1: History Alive! Powerful Teaching Strategies		
Date:	6/5/2006 - 6/9/2006	five-day workshop	Time: 8:30 AM to 3:30 PM
You will learn:	Participants will engage in immersion lessons designed to illustrate to power of the TCI Approach. Through active participation in these carefully crafted activities, participants will discover how to tap into their students' multiple intelligences, build content reading skills, use graphically organized reading notes, create and implement processing assignments, and assess students using the multiple intelligences. Woven throughout the training are techniques for creating a cooperative, tolerant classroom environment. Objective: Social Studies Skill Builders Objective: Experiential Exercise and Writing for Understanding Objective: Response Group and Problem Solving Groupwork Objective: Interactive Student Notebook Objective: Assessment		
Audience:	Middle School/High School		
Content:	Combo Middle School/High School		
No. of Participants:	Please enter estimated number of participants. (Not to exceed 50)	Workshop fee:	\$9900

Contact Information

Name:	Andy Martinez		
Work Phone:	(754) 321-1873	Fax:	
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2/2/2006

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Signature

Date

Title

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With a Copy to:

Dr. Mark Quintana/ Dr. Louise Ball

Name of District Representative

600 SE 3rd Ave. - 13th floor

Address

Ft. Lauderdale, Fl 33301

Address

To Teachers Curriculum Institute:

Karen Sedgwick

Name of Other Party

P.O. Box 1327

Address

Rancho Cordova, CA 95741

Address

With a Copy to:

Name to be Provided by Other Party

Address

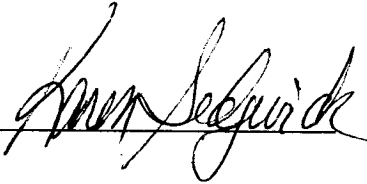
Address

Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

FOR Teachers' Curriculum Institute

The Teachers' Curriculum Institute
Name of Corporation or Agency

ATTEST:

By 

_____, Secretary

-or-

Witness

Witness

The following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2006 by _____ of _____, 2006 by _____ of _____
The Teachers' Curriculum Institute, on behalf of the corporation/agency.
He/She is personally known to me or produced _____
as identification and did not first take an oath. _____
Type of Identification

My Commission Expires: _____

*please see a Hack
CA Summit*

Signature - Notary Public

Printed Name of Notary

Notary's Commission No.

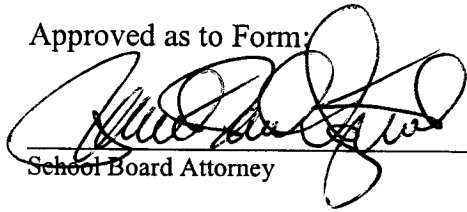
FOR SBBC

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Benjamin J. Williams, Chair

Franklin L. Till, Jr., Superintendent of
Schools

Approved as to Form:


School Board Attorney

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California

County of

Sacramento

} ss.

☒ See Attached Document (Notary to cross out lines 1-6 below)

☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me on this

3rd day of May, 2006, by

(1) Karen Selgwick,
Name of Signer

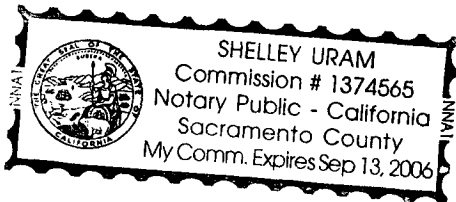
☒ Personally known to me

☐ Proved to me on the basis of satisfactory evidence
to be the person who appeared before me (.) (,)
(and

(2) _____,
Name of Signer

☐ Personally known to me

☐ Proved to me on the basis of satisfactory evidence
to be the person who appeared before me.)



Shelley Uram
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

*Though the information below is not required by law, it may prove
valuable to persons relying on the document and could prevent
fraudulent removal and reattachment of this form to another document.*

Further Description of Any Attached Document

Title or Type of Document: Contact Revisions

Document Date: N/A Number of Pages: 4

Signer(s) Other Than Named Above: N/A

**RIGHT THUMBPRINT
OF SIGNER #1**
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**RIGHT THUMBPRINT
OF SIGNER #2**
Top of thumb here

TCI Teachers' Curriculum Institute

W O R K S H O P C O N T R A C T

TCI Service Center
PO Box 1327
Rancho Cordova, CA 95741
Phone: (800) 497-6138
Fax: (800) 343-6828

Workshop Information

Workshop Name:	Level 1: History Alive! Powerful Teaching Strategies		
Date:	6/12/2006 - 6/16/2006	five-day workshop	Time: 8:30 AM to 3:30 PM
You will learn:	Participants will engage in immersion lessons designed to illustrate the power of the TCI Approach. Through active participation in these carefully crafted activities, participants will discover how to tap into their students' multiple intelligences, build content reading skills, use graphically organized reading notes, create and implement processing assignments, and assess students using the multiple intelligences. Woven throughout the training are techniques for creating a cooperative, tolerant classroom environment. Objective: Social Studies Skill Builders Objective: Experiential Exercise and Writing for Understanding Objective: Response Group and Problem Solving Groupwork Objective: Interactive Student Notebook Objective: Assessment		
Audience:	Middle School/High School		
Content:	Combo Middle School/High School		
No. of Participants:	Please enter estimated number of participants. (Not to exceed 50)	Workshop fee:	\$9900

Contact Information

Name:	Andy Martinez		
Work Phone:	(754) 321-1873	Fax:	
Home Phone:		Email:	markquintana@browardschools.com
For Emergency Use Only			

Billing Information

[Change Billing Information](#)

District:	Broward Co. School District	School:	
Contact:	Andy Martinez		
Billing Address:	600 Se 3rd Ave		
City, State, Zip	Ft. Lauderdale, FL, 33301		
Phone:	(754) 321-1873	Fax:	

Referral Information

One way to offset the cost of your workshop is to include participants from outside your school or district. We recommend that you charge outside participants a registration fee of \$100 for a one-day training and \$250 for a five-day training. Please let us know if you would like us to refer interested teachers to you.

May TCI refer interested teachers from other districts to your workshop? ☐ Yes ☒ No

Name:			
Home Phone:		Email:	

TCI Teachers' Curriculum Institute

W O R K S H O P C O N T R A C T

TCI Service Center
PO Box 1327
Rancho Cordova, CA 95741
Phone: (800) 497-6138
Fax: (800) 343-6828

Workshop Policies

Workshop Fee: Includes trainer travel, training manual(s) and/or handouts. TCI curricular materials are not included with the workshop fee.

Participant Limit: A TCI Workshop requires at least 15 participants and no more than 50 for Level 1 and 35 for Level 2 Workshops. The optimal number is 20-40 participants.

Payment and Billing: TCI must receive a purchase order, check, or professional services contract six weeks prior to the workshop. Workshops for which TCI has no form of payment are subject to cancellation. If you are unable to submit a form of payment six weeks in advance of your workshop date, please contact TCI at (800) 497-6138. All contracts and payments should name TCI as the payee, not the individual trainer. TCI's tax identification number is 77-0236425. You will be invoiced prior to the workshop.

Rescheduling Policy: After receipt of your signed contract, the following rescheduling policy is enacted:

1. Your program must be rescheduled for a mutually agreeable date within twelve months of the original program date.
2. The following fees apply if you request to reschedule:
 - 30 days in advance of your program start date = no cancellation fee.
 - 14-30 days in advance of your date = 25% of the workshop fee.
 - Less than 14 days in advance of your start date = 50% of the workshop fee and any nonrefundable expenses incurred by TCI.

Trainer: The workshop will be presented by a certified TCI trainer. TCI cannot guarantee the availability of specific trainers.

Workshop Logistics: Enclosed is a Workshop Logistics Worksheet. You need to complete and send this worksheet to TCI six weeks prior to the start of your workshop so we can make all of the necessary arrangements for your event. Please click [here](#), or on "Logistics Worksheet" above. You may complete the form online or print it out and fax or mail it back to us at the above address.

Thank you again for scheduling a workshop with Teachers' Curriculum Institute. Please sign and mail or fax a signed copy of this contract to secure the date for your workshop by **2/23/2006**

This workshop contract includes and incorporates herein the contract revisions appended hereto as Exhibit "A".
Agreed by all parties,

Rafael Ricardo

2/2/2006

Customer Service Representative/Workshop Coordinator

Contract Approved Date

Workshop Sponsor (Please type or print name)

Signature

Date

Title

Board Secretary/Purchasing Agent (If sponsor is unable to sign contract, please forward to appropriate purchasing agent.)

Signature

Date

Title

Contract Revisions

Teachers' Curriculum Institute agrees to comply with all requirements of section 1012.32 and 1012.465, Florida Statutes, and all of its personnel who (1) are to be permitted access to school grounds when students are present, (2) will have direct contact with students, or (3) have access or control of school funds, will successfully complete the background screening required by the referenced statutes and meet the standards established by the statutes. This background screening will be conducted by SBBC in advance of Teachers' Curriculum Institute or its personnel providing any services under the conditions described in the previous sentence. Teachers' Curriculum Institute shall bear the cost of acquiring the background screening required by Section 1012.32, Florida Statutes, and any fee by the Florida Department of Law Enforcement to maintain the fingerprints provided with respect to Teachers' Curriculum Institute and its personnel. The Parties agree that the failure of Teachers' Curriculum Institute to perform any of the duties described in this section shall constitute a material breach of this Agreement entitling SBBC to terminate immediately with no further responsibilities or duties to perform under this Agreement. Teachers' Curriculum Institute agrees to indemnify and hold harmless SBBC, its officers and employees from any liability in the form of physical or mental injury, death or property damage resulting in Teachers' Curriculum Institute's failure to comply with the requirements of this Section or with Sections 1012.32 and 1012.465, Florida Statutes.

Each party agrees to be fully responsible for its acts of negligence, or its agents' acts of negligence when acting within the scope of their employment and agrees to be liable for any damages resulting from said negligence.

Nothing herein is intended to serve as a waiver of sovereign immunity by any agency or political subdivision to which sovereign immunity may be applicable.

The parties expressly acknowledge that it is not their intent to create or confer any rights or obligations in or upon any third person or entity under this Agreement. None of the parties intended to directly or substantially benefit a third party by this Agreement. The parties agree that there are no third party beneficiaries to this Agreement and that no third party shall be entitled to assert a claim against any of the parties based upon this agreement. Nothing herein shall be constructed as consent by an agency or political subdivision of the State of Florida to be used by third parties in any matter arising out of any contract.

The parties shall not discriminate against any employee or participant in the performance of the duties, responsibilities and obligations under this Agreement because of race, age, religion, color, gender, national origin, marital status, disability or sexual orientation.

This Agreement may be canceled with or without cause by SBBC during the term hereof upon thirty (30) days written notice to the other parties of its desire to terminate this Agreement. In the event of such termination, SBBC shall pay Teachers' Curriculum Institute for all services rendered through the effective date of termination.

When any of the parties desire to give notice to the other, such notice must be in writing, sent by U.S. Mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of this paragraph. For the present, the Parties designate the following as the respective places for giving notice:

To SBBC: Superintendent of Schools
The school Board of Broward County, Florida
600 Southeast Third Avenue
Fort Lauderdale, Florida 33301

With a Copy to: Dr. Mark Quintana/ Dr. Louise Ball
Name of District Representative
600 SE 3rd Ave. – 13th floor
Address
Ft. Lauderdale, Fl 33301
Address

To Teachers Curriculum Institute: Karen Sedgwick
Name of Other Party
P.O. Box 1327
Address
Rancho Cordova, CA 95741
Address

With a Copy to: _____
Name to be Provided by Other Party

Address

Address

Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

FOR Teachers' Curriculum Institute

The Teachers' Curriculum Institute
Name of Corporation or Agency

ATTEST:

By *Karen Sedgwick*

_____, Secretary

-or-

Witness

Witness

The following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2006 by _____ of _____, 2006 by _____ of _____
The Teachers' Curriculum Institute, on behalf of the corporation/agency.
He/She is personally known to me or produced _____
as identification and did not first take an oath. _____
Type of Identification

My Commission Expires:

*Please see attached
CA Surat*

Signature - Notary Public

Printed Name of Notary

Notary's Commission No.

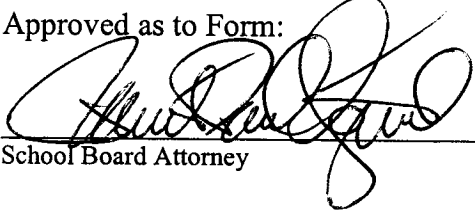
FOR SBBC

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Benjamin J. Williams, Chair

Franklin L. Till, Jr., Superintendent of
Schools

Approved as to Form:


School Board Attorney

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California

County of

Sacramento

} ss.

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me on this

3rd day of May, 2006, by

(1) Karen Sedgwick
Name of Signer

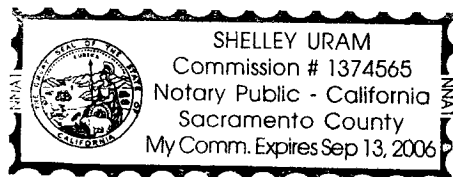
- ☒ Personally known to me
☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,)
(and

(2) _____
Name of Signer

- ☐ Personally known to me
☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Shelley Uram
Signature of Notary Public

Place Notary Seal Above



OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Contract Revisions

Document Date: N/A Number of Pages: 4

Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT
OF SIGNER #1

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RIGHT THUMBPRINT
OF SIGNER #2

Top of thumb here

TCI Teachers' Curriculum Institute

W O R K S H O P C O N T R A C T

TCI Service Center
PO Box 1327
Rancho Cordova, CA 95741
Phone: (800) 497-6138
Fax: (800) 343-6828

Workshop Information

Workshop Name:	Level 2: History Alive! Advanced Strategies and Curriculum Development		
Date:	6/5/2006 - 6/9/2006	five-day workshop	Time: 8:30 AM to 3:30 PM
You will learn:	Participants will discover advanced ways to use the TCI Approach to accelerate student learning, how to hone their use of the multiple intelligence teaching strategies, and how to adapt lessons to meet students' immediate needs. TCI's Trainer will offer tips and strategies for implementing the TCI approach in the classroom. TCI's Trainer will lead participants through the creation of their own lesson using the TCI Approach, help them adapt TCI materials to better align with state or district standards, and show ways to tap into their own teacher genius to improve instruction. Objective: Writing for Understanding Objective: Problem Solving Groupwork Objective: Experiential Exercises Objective: Visual Discovery Objective: Interactive Student Notebook Objective: Response Groups and Social Studies Skill Builders		
Audience:	Middle School/High School		
Content:	Combo Middle School/High School		
No. of Participants:	Please enter estimated number of participants. (Not to exceed 35)	Workshop fee:	\$9900

Contact Information

Name:	Mark Quintana		
Work Phone:	(754) 321-1873	Fax:	(754) 321-1888
Home Phone:		Email:	markquintana@browardschools.com
For Emergency Use Only			

Billing Information

[Change Billing Information](#)

District:	Broward Co. School District	School:	
Contact:	Mark Quintana		
Billing Address:	600 S.e 3rd Avenue, 13th Floor		
City, State, Zip	Fort Lauderdale, FL, 33301-		
Phone:	(754) 321-1873	Fax:	(754) 321-1888

Referral Information

One way to to offset the cost of your workshop is to include participants from outside your school or district. We recommend that you charge outside participants a registration fee of \$100 for a one-day training and \$250 for a five-day training. Please let us know if you would like us to refer interested teachers to you.

May TCI refer interested teachers from other districts to your workshop? ☐ Yes ☒ No

Name:			
Home Phone:		Email:	

TCI Teachers' Curriculum Institute

W O R K S H O P C O N T R A C T

TCI Service Center
PO Box 1327
Rancho Cordova, CA 95741
Phone: (800) 497-6138
Fax: (800) 343-6828

Workshop Policies

Workshop Fee: Includes trainer travel, training manual(s) and/or handouts. TCI curricular materials are not included with the workshop fee.

Participant Limit: A TCI Workshop requires at least 15 participants and no more than 50 for Level 1 and 35 for Level 2 Workshops. The optimal number is 20-40 participants.

Payment and Billing: TCI must receive a purchase order, check, or professional services contract six weeks prior to the workshop. Workshops for which TCI has no form of payment are subject to cancellation. If you are unable to submit a form of payment six weeks in advance of your workshop date, please contact TCI at (800) 497-6138. All contracts and payments should name TCI as the payee, not the individual trainer. TCI's tax identification number is 77-0236425. You will be invoiced prior to the workshop.

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2. The following fees apply if you request to reschedule:
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Trainer: The workshop will be presented by a certified TCI trainer. TCI cannot guarantee the availability of specific trainers.

Workshop Logistics: Enclosed is a Workshop Logistics Worksheet. You need to complete and send this worksheet to TCI six weeks prior to the start of your workshop so we can make all of the necessary arrangements for your event. Please click [here](#), or on "Logistics Worksheet" above. You may complete the form online or print it out and fax or mail it back to us at the above address.

Thank you again for scheduling a workshop with Teachers' Curriculum Institute. Please sign and mail or fax a signed copy of this contract to secure the date for your workshop by **3/8/2006**

This workshop contract includes and incorporates herein the contract revisions appended hereto as Exhibit "A".

Agreed by all parties,

Rafael Ricardo

2/15/2006

Customer Service Representative/Workshop Coordinator

Contract Approved Date

Workshop Sponsor (Please type or print name)

Signature

Date

Title

Board Secretary/Purchasing Agent (If sponsor is unable to sign contract, please forward to appropriate purchasing agent.)

Signature

Date

Title

Contract Revisions

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Each party agrees to be fully responsible for its acts of negligence, or its agents' acts of negligence when acting within the scope of their employment and agrees to be liable for any damages resulting from said negligence.

Nothing herein is intended to serve as a waiver of sovereign immunity by any agency or political subdivision to which sovereign immunity may be applicable.

The parties expressly acknowledge that it is not their intent to create or confer any rights or obligations in or upon any third person or entity under this Agreement. None of the parties intended to directly or substantially benefit a third party by this Agreement. The parties agree that there are no third party beneficiaries to this Agreement and that no third party shall be entitled to assert a claim against any of the parties based upon this agreement. Nothing herein shall be constructed as consent by an agency or political subdivision of the State of Florida to be used by third parties in any matter arising out of any contract.

The parties shall not discriminate against any employee or participant in the performance of the duties, responsibilities and obligations under this Agreement because of race, age, religion, color, gender, national origin, marital status, disability or sexual orientation.

This Agreement may be canceled with or without cause by SBBC during the term hereof upon thirty (30) days written notice to the other parties of its desire to terminate this Agreement. In the event of such termination, SBBC shall pay Teachers' Curriculum Institute for all services rendered through the effective date of termination.

When any of the parties desire to give notice to the other, such notice must be in writing, sent by U.S. Mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of this paragraph. For the present, the Parties designate the following as the respective places for giving notice:

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The school Board of Broward County, Florida
600 Southeast Third Avenue
Fort Lauderdale, Florida 33301

With a Copy to: Dr. Mark Quintana/ Dr. Louise Ball
Name of District Representative
600 SE 3rd Ave. – 13th floor
Address
Ft. Lauderdale, Fl 33301
Address

To Teachers Curriculum Institute: Karen Sedgwick
Name of Other Party
P.O. Box 1327
Address
Rancho Cordova, CA 95741
Address

With a Copy to: _____
Name to be Provided by Other Party

Address

Address

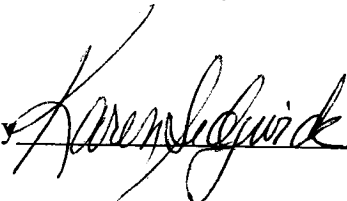
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FOR Teachers' Curriculum Institute

The Teachers' Curriculum Institute
Name of Corporation or Agency

ATTEST:

By



_____, Secretary

-or-

Witness

Witness

The following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2006 by _____ of

The Teachers' Curriculum Institute, on behalf of the corporation/agency.

He/She is personally known to me or produced _____
as identification and did not first take an oath.

Type of Identification

My Commission Expires:

Signature - Notary Public

Printed Name of Notary

Notary's Commission No.

*please see attached
CA Jurat*

FOR SBBC

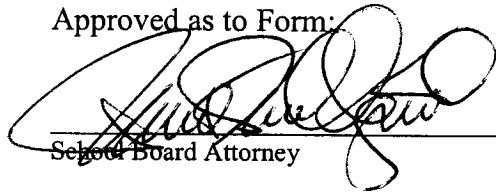
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Benjamin J. Williams, Chair

Franklin L. Till, Jr., Superintendent of
Schools

Approved as to Form:



School Board Attorney

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California

County of

Sacramento

} ss.

☒ See Attached Document (Notary to cross out lines 1-6 below)

☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me on this

3rd day of May, 2006, by
Date Month Year

(1) Karen Sedgwick
Name of Signer

☒ Personally known to me

☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (.)

(and

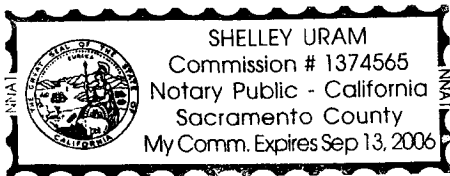
(2) _____
Name of Signer

☐ Personally known to me

☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Shelley Uram
Signature of Notary Public

Place Notary Seal Above



OPTIONAL

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Further Description of Any Attached Document

Title or Type of Document: Contract Revisions

Document Date: N/A Number of Pages: 4

Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT
OF SIGNER #1

Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2

Top of thumb here