TCT 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! Powerf	ul Teaching	g Strategies	;	
Date:	: 6/5/2006 - 6/7/2006	Three-day v	workshop	Time: 8:30	0 AM to 3:30 PM
You will learn:		n lessons do on in these ts' multiple otes, create ole intelliger e, tolerant cl tudies Skill	esigned to carefully cr intelligence and implem nces. Wove lassroom er Builder, and	illustrate to po rafted activities es, build conte nent processin n throughout t nvironment.	ower of the TCI s, participants will ent reading skills, ag assignments, the training are
Audience:	Elementary				
Content:	Combo Elementary				
No. of Participants:		ticipants.	V	Vorkshop fee:	\$6930
	(Not to exceed 50)	•		· · · · · · · · · · · · · · · · · · ·	
Contact Info	rmation				
Name:	Andy Martinez				
Work Phone:	(754) 321-1873	Fax:			
Home Phone:		Email:	markquint	ana@broward	echools com
	For Emergency Use Only			una o bronz.	50110013.00111
Billing Infor	mation			Change B	illing Information
District:	Broward Co. School District	Schoo	ol:		-
Contact:	Andy Martinez				
Billing Address:	600 Se 3rd Ave				
City, State, Zip	Ft. Lauderdale, FL, 33301				
Phone:	(754) 321-1873	Fax:			
Referral Infor	rmation				
\$250 for a five-da	fset the cost of your workshop is to include that you charge outside participants a regy training. Please let us know if you wo	egistration ould like us	fee of \$100 to refer int	for a one-day	training and
Name:	TOOLS TOO TO TO THOU TO THOU TO TO	YOUI WOING	יין אטוא	Tes [A] IVO	
Home Phone:		Email:			

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 Policies

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

Participant Limit: A TCl 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 TCl six weeks prior to the start of your workshop so we can make all of the necessary arrangements for your event. Please click , 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 3 rd Ave. – 13 th floor Address
	Ft. Lauderdale, Fl 33301 Address
To Teachers Curriculum In	Stitute: 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
	Name to be Florided 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 Munded cur a
,Secretary	
-or-	
Witness	
Witness	
The following <u>Notarization is Required</u> Whether the Party Chose to Use a Secr STATE OF	for Every Agreement Without Regard to retary's Attestation or Two (2) Witnesses.
COUNTY OF	
The foregoing instrument was ackno	wledged before me this day of of
The Teachers' Curriculum Institute, on beha He/She is personally known to me or produc as identification and did not first take an oat	If of the corporation/agency.
	n. Type of Identification
My Commission Expires:	Signature - Notary Public
asi See a Hack	
asisee a Hach	Printed Name of Notary
	Notary's Commission No.

FOR SBBC

	COUNTY, FLORIDA
ATTEST:	ByBenjamin J. Williams, Chair
Franklin L. Till, Jr., Superintendent of Schools	Approved as to Form: School Board Attorney

CALIFORNIA JURAT WITH AFFIA	INT STATEMENT
State of California)
County of Sacramento	SS.
☑ See Attached Document (Notary to cro ☐ See Statement Below (Lines 1–5 to be	oss out lines 1–6 below) e completed only by document signer[s], <i>not</i> Notary)
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
SHELLEY URAM Commission # 1374565 Notary Public - California Sacramento County My Comm. Expires Sep 13, 2006	Subscribed and sworn to (or affirmed) before me on this 3.2 day of May Month, Acco, by (1) Surply 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 of Notary Public
Place Notary Seal Above	OPTIONAL ————————
Though the information below is not required by valuable to persons relying on the document fraudulent removal and reattachment of this form. Further Description of Any Attached Document: Title or Type of Document: Document Date: Num Nigner(s) Other Than Named Above:	by law, it may prove and could prevent of SigNER #1 Top of thumb here

© 2004 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.NationalNotary.org | Item #5910 | Reorder: Call Toll-Free 1-800-876-6827

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 I	nformation					
Workshop Name:	Level 1: Social Studies Alive! Power	rful Teaching	g Strategies	;		
Date:	6/12/2006 - 6/14/2006	Three-day v	workshop	Time:	8:30 AM to 3:30 PM	
You will learn:	Participants will engage in immersion Approach. Through active participated discover how to tap into their stude use graphically organized reading nand assess students using the multitechniques for creating a cooperative Objective: Visual Discovery, Social Sobjective: Experiential Exercise, Writnteractive Student Notebook	tion in these nts' multiple lotes, create iple intelliger re, tolerant c	carefully cr intelligence and implem nces. Wover lassroom er Builder, and	illustrate to rafted activ es, build co nent proces n througho nvironmen	o power of the TCI vities, participants will ontent reading skills, ssing assignments, out the training are of the training ar	11
Audience:	Elementary					
Content:	Combo Elementary					\neg
No. of Participants:	Please enter estimated number of pa	articipants.	V	Vorkshop f	fee: \$6930	\neg
	(Not to exceed 50)			M		
Contact Info	rmation					
Name:	Andy Martinez					
Work Phone:	(754) 321-1873	Fax:				
Home Phone:		Email:	markquint	ana@brow	vardschools.com	
	For Emergency Use Only					
Billing Inform				Chang	ge Billing Information	1
District:	Broward Co. School District	Scho	ol:			
Contact:	Andy Martinez					
Billing Address:	600 Se 3rd Ave					
City, State, Zip	Ft. Lauderdale, FL, 33301					
Phone:	(754) 321-1873	Fax:				
Referral Infor	mation					
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 X No						
Name:						
Home Phone:		Email:				

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 Policies

Workshop Fee: Includes trainer travel, training manual(s) and/or handouts. TCl 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: TCl must receive a purchase order, check, or professional services contract six weeks prior to the workshop. Workshops for which TCl 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 TCl at (800) 497-6138. All contracts and payments should name TCl as the payee, not the individual trainer. TCl'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 , 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
Trio		

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 3 rd Ave. – 13 th floor Address
	Ft. Lauderdale, Fl 33301
To Teachers Curriculum	P.O. Box 1327 Address Rancho Cordova, CA 95741 Address
With a Copy to:	Name to be Provided by Other Party
	Address
	Addiess

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

	runne of corporation of rigoney
ATTEST:	n
	By MMM Sed win a
	By My Sedgina
	/ /
,Secretary	
-or-	
Witness	
Witness	
The following Notarization is Required	d for Every Agreement Without Regard to
Whether the Party Chose to Use a Sec	retary's Attestation or Two (2) Witnesses.
*	
STATE OF	
COUNTY OF	
The foregoing instrument was acknowledged	owledged before me this day of
2006 by	
The Teachers' Curriculum Institute, on beh	alf of the corporation/agency.
He/She is personally known to me or produ	
as identification and did not first take an oa	th. Type of Identification
My Commission Expires:	
•	Signature - Notary Public
e attacked CA Livet	Signature - Notary 1 done
affached CH Liver	
	Printed Name of Notary
	Notary's Commission No.
	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 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 SHELLEY URAM Personally known to me Commission # 1374565 Notary Public - C**alifornia** 🕏 ☐ Proved to me on the basis of satisfactory evidence Sacramento County to be the person who appeared before me (.) (,) My Comm. Expires Sep 13, 2006 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 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. Top of thumb here Top of thumb here **Further Description of Any Attached Document** Number of Pages: Signer(s) Other Than Named Above:

© 2004 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.NationalNotary.org | Item #5910 | Reorder: Call Toll-Free 1-800-876-6827

TCI Teachers' Curriculum Institute workshop contract

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

vvorksnop	Information							
Workshop Name:	: Level 1: History Alive! Powerful Tea	ching Strate	gies					
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 Approach. Through active participat discover how to tap into their studer use graphically organized reading not and assess students using the multiple techniques for creating a cooperative Objective: Social Studies Skill Builde Objective: Experiential Exercise and Objective: Response Group and Prob Objective: Interactive Student Noteber Objective: Assessment	ion in these nts' multiple otes, create ple intelliger e, tolerant cl ers Writing for l plem Solving	carefully created intelligence and implemences. Wover lassroom er	rafted actives, build conent procent throughout throughout the name of the nam	o power or partities,	of the TCI rticipants will eading skills,		
Audience:	Middle School/High School							
Content:	Combo Middle School/High School	· · · · · · · · · · · · · · · · · · ·						
No. of Participants:	or ball	rticipants.	V	Vorkshop f	fee: \$99	00		
	(Not to exceed 50)							
Contact Info								
Name:	Andy Martinez							
Work Phone:	(754) 321-1873	Fax:						
Home Phone:		Email:	markquint	ana@brov	vardscho	ols.com		
B'II'	For Emergency Use Only							
Billing Inform				Chang	ge Billing	Information		
District:	Broward Co. School District	Schoo	ol:					
	Andy Martinez							
	600 Se 3rd Ave							
	Ft. Lauderdale, FL, 33301			**				
	(754) 321-1873	Fax:						
Referral Infor	mation							
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 inte	erested teachers from other districts to	your works	shop?	Yes X	No			
Name:					<u></u>			
Home Phone:		Email:						

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 Policies

Workshop Fee: Includes trainer travel, training manual(s) and/or handouts. TCl 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: TCl must receive a purchase order, check, or professional services contract six weeks prior to the workshop. Workshops for which TCl 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 TCl at (800) 497-6138. All contracts and payments should name TCl as the payee, not the individual trainer. TCl'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.
- 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 , 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,

5 (15)			
Rafael Ricardo		2/2/2006	
Customer Service Representative/Workshop Coordinator		Contract Approved Date	
Workshop Spansor (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 3 rd Ave. – 13 th floor Address
		Ft. Lauderdale, Fl 33301
,	To Teachers Curriculum Inst	titute: Karen Sedgwick Name of Other Party P.O. Box 1327 Address Rancho Cordova (A 9574) Address
7	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: ,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 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 please see a tach! PA Junt Printed Name of Notary Notary's Commission No.

FOR SBBC

	COUNTY, FLORIDA
ATTEST:	ByBenjamin J. Williams, Chair
Franklin L. Till, Jr., Superintendent of Schools	Approved as to Form: Seheol Board Attorney

CALIFORNIA JURAT WITH AFFIANT	STATEMENT
State of California	
County of Sacramento	SS.
© See Attached Document (Notary to cross o ☐ See Statement Below (Lines 1–5 to be com	out lines 1–6 below) mpleted only by document signer[s], <i>not</i> Notary)
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
SHELLEY URAM Commission # 1374565 Notary Public - California Sacramento County My Comm. Expires Sep 13, 2006	Subscribed and sworn to (or affirmed) before me on this 3
Place Notary Seal Above	PTIONAL
Though the information below is not required by law valuable to persons relying on the document and of fraudulent removal and reattachment of this form to an Further Description of Any Attached Document Title or Type of Document:	w, it may prove could prevent OF SIGNER #1 Top of thumb here RIGHT THUMBPRINT OF SIGNER #2 Top of thumb here
Signer(s) Other Than Named Above:	

© 2004 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.NationalNotary.org | Item #5910 | Reorder: Call Toll-Free 1-800-876-6827

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 I	nformation				
Workshop Name:	: Level 1: History Alive! Powerful Tea	aching Strate	gies		
Date:	6/12/2006 - 6/16/2006	five-day wo	orkshop	Time: 8:3	0 AM to 3:30 PM
You will learn:	Participants will engage in immersic Approach. Through active participat discover how to tap into their stude use graphically organized reading n and assess students using the multi techniques for creating a cooperativ Objective: Social Studies Skill Builde Objective: Experiential Exercise and Objective: Response Group and Prol Objective: Interactive Student Noteb Objective: Assessment	tion in these ents' multiple notes, create a iple intelliger ve, tolerant clers Writing for the blem Solving	e carefully creative intelligence and implemences. Wover the classroom er	illustrate to por rafted activities es, build conte ment processing on throughout to environment.	wer of the TCI s, participants will ent reading skills,
Audience:	Middle School/High School				
Content:	Combo Middle School/High School				
No. of Participants:		articipants.	v	Vorkshop fee:	\$9900
	(Not to exceed 50)	***************************************			
Contact Info	rmation				
Name:	Andy Martinez				
Work Phone:	(754) 321-1873	Fax:			
Home Phone:		Email:	markquint	tana@browards	schools.com
	For Emergency Use Only				
Billing Inforr	nation			Change B	illing Information
District:	Broward Co. School District	Schoo	ol:		
Contact:	Andy Martinez				
Billing Address:	600 Se 3rd Ave			·	
City, State, Zip	Ft. Lauderdale, FL, 33301				
	(754) 321-1873	Fax:	<u> </u>		
Referral Infor	mation				
We recommend the	set the cost of your workshop is to inc that you charge outside participants a by training. Please let us know if you v	registration	n fee of \$100	0 for a one-day nterested teache	training and ers to you.
May TCI refer inte	erested teachers from other districts t	o your work	shop?	Yes X No	
Name:					
Home Phone:		Email:	l		·

TCI Teachers' Curriculum Institute

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. TCl 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: TCl must receive a purchase order, check, or professional services contract six weeks prior to the workshop. Workshops for which TCl 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 TCl at (800) 497-6138. All contracts and payments should name TCl as the payee, not the individual trainer. TCl'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 , 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

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 3 rd Ave. – 13 th floor Address
	Ft. Lauderdale, Fl 33301 Address
To Teachers Curriculum Inst	itute: 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: ,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 asknowledged before me this day of _____, 2006 by ___ 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: Phensisie attached Signature - Notary Public Printed Name of Notary

Notary's Commission No.

FOR SBBC

	THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
ATTEST:	By
Franklin L. Till, Jr., Superintendent of Schools	Approved as to Form: School Board Attorney

CALIFORNIA JURAT WITH AFFIANT STATEMENT State of California County of Sarramante 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 Personally known to me ☐ Proved to me on the basis of satisfactory evidence SHELLEY URAM to be the person who appeared before me (.) (,) Commission # 1374565 (and Notary Public - California 🕏 Sacramento County My Comm. Expires Sep 13, 2006 Name of Signer Personally known to me ☐ Proved to me on the basis of satisfactory evidence to be the person who appeared before me.) 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. Top of thumb here Top of thumb here **Further Description of Any Attached Document** Signer(s) Other Than Named Above:

© 2004 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.NationalNotary.org Item #5910 Reorder: Call Toll-Free 1-800-876-6827

TCi Teachers' Curriculum Institute workship contra ct

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

Workshop I	Information				
Workshop Name:	: Level 2: History Alive! Advanced Str	rategies and	l Curriculum	n Developmen	t
Date:	: 6/5/2006 - 6/9/2006	five-day wo	orkshop	Time: 8:30	0 AM to 3:30 PM
You will learn:	Participants will discover advanced learning, how to hone their use of the adapt lessons to meet students' immostrategies for implementing the TCI participants through the creation of adapt TCI materials to better align we into their own teacher genius to imposite time. Writing for Understanding Objective: Writing for Understanding Objective: Problem Solving Groupwer Objective: Experiential Exercises Objective: Visual Discovery Objective: Interactive Student Noteber	ways to use the multiple in mediate need approach in their own less with state or oprove instructing	e the TCI App intelligence ds. TCI's Tra the classro esson using district stan	proach to accel teaching strate ainer will offer oom. TCI's Train	elerate student egies, and how to tips and ner will lead ach, beln them
	Objective: Response Groups and Soc	cial Studies	Skill Builde	rs	
Audience:			***		
	The state of the s				
No. of Participants:		articipants.	v	Norkshop fee:	\$9900
	(Not to exceed 35)				
Contact Infor	rmation				
Name:	Mark Quintana				
Work Phone:	(754) 321-1873	Fax:	(754) 321-1	1888	
Home Phone:		Email:		tana@browards	schools.com
	For Emergency Use Only				
Billing Inform	mation			Change B	illing Information
District:	Broward Co. School District	Schoo	ol:	200000000000000000000000000000000000000	
Contact:	Mark Quintana			· · · · · · · · · · · · · · · · · · ·	
Billing Address:	600 S.e 3rd Avenue, 13th Floor			· · · · · · · · · · · · · · · · · · ·	
City, State, Zip	Fort Lauderdale, FL, 33301-				
	(754) 321-1873	Fax:	(754) 321-1	1888	
Referral Infor	mation				
One way to to offs We recommend th \$250 for a five-day	set the cost of your workshop is to inc that you charge outside participants a ly training. Please let us know if you w	registration would like us	fee of \$100 s to refer int	0 for a one-day terested teache	training and
	erested teachers from other districts to	o your works	shop?	Yes X No	
Name:					
Home Phone:		Email:	ı		

TCI Teachers' Curriculum Institute

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. TCl 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: TCl must receive a purchase order, check, or professional services contract six weeks prior to the workshop. Workshops for which TCl 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 TCl at (800) 497-6138. All contracts and payments should name TCl as the payee, not the individual trainer. TCl'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 TCl six weeks prior to the start of your workshop so we can make all of the necessary arrangements for your event. Please click , 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

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, Florid 600 Southeast Third Avenue Fort Lauderdale, Florida 33301
With a Copy to:	Dr. Mark Quintana/ Dr. Louise Ball Name of District Representative
	600 SE 3 rd Ave. – 13 th floor Address
	Ft. Lauderdale, Fl 33301 Address
To Teachers Curriculum Ins	Stitute: Karen Sedgwick Name of Other Party P.O. Box 1327 Address Rancho Cordova, CA 95741
With a Copy to:	Address
waara deepy te.	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 Mensiduid
	/////
,Secretary	
-or-	
Witness	
Witness	
whether the Party Chose to Use a Sec	d for Every Agreement Without Regard to cretary's Attestation or Two (2) Witnesses.
STATE OF	
COUNTY OF	
	owledged before me this day of of
The Teachers' Curriculum Institute, on beh	alf of the corporation/agency.
He/She is personally known to me or produ as identification and did not first take an oa	ith. Type of Identification
My Commission Expires:	
	Signature - Notary Public
please see a Hocled CA Jurat	Printed Name of Notary
	Notary's Commission No.

FOR SBBC

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California	
county of Savamento	> ss.
See Attached Document (Notary to cross ou See Statement Below (Lines 1–5 to be com	ut lines 1–6 below) pleted only by document signer[s], <i>not</i> Notary)
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
SHELLEY URAM Commission # 1374565 Notary Public - California Sacramento County My Comm. Expires Sep 13, 2006	Subscribed and sworn to (or affirmed) before me on this 3 d day of May Month Pear House (1) 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 of Notary Public
— Ol	PTIONAL
Though the information below is not required by law valuable to persons relying on the document and fraudulent removal and reattachment of this form to at Further Description of Any Attached Document Title or Type of Document: Document Date: Number of Signer(s) Other Than Named Above:	could prevent of SIGNER #1 Top of thumb here OF SIGNER #2 Top of thumb here

© 2004 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.NationalNotary.org | Item #5910 | Reorder: Call Toll-Free 1-800-876-6827