

STAR Autism Support INC
6663 SW Beaverton Hillsdale Hwy #119
Portland, OR 97225
Phone: 503-297-2864
Fax: 503-292-4173
Email: information@starautismprogram.com

Contract for Training Services

This agreement is entered into this 8/6/09 between STAR Autism Support INC and Monroe County Community School District ("client").

1. Services:
 - a. STAR Autism Support INC agrees to provide the following: **6 days hands-on training.**
2. Consideration:
 - a. Client agrees to pay the amount of **\$7,500 plus expenses** (see attached estimate) for services rendered.
 - b. Expenses (Airfare, Lodging, rental car) are for **two** trainer and will be invoiced following the completion of the contract.
 - c. Client agrees to also provide the following: **STAR Combination Kit in each classroom, substitute teacher for day of hands-on training if possible .**
3. Term:
 - a. Training Dates: **10/26/09 – 10/28/09.**
4. Termination:
 - a. Client may terminate this agreement up to 60 days prior to first date of training with no termination fee. Within 60 days Client will be responsible for the following termination fees:
 - i. 30-60 days: \$500
 - ii. 14-30 days: 25% of Training fee plus any travel expenses incurred.
 - iii. 0-14 days: 50% of Training fee plus any travel expenses incurred.

Signed:
Monroe County Community School District

Signed:
STAR Autism Support INC

Sign: _____

Sign: _____

Print: _____

Print: Jesse Arick

Date: _____

Date: _____



Invoice

STAR Autism Support
 6663 SW Beaverton Hillsdale Hwy #119
 Portland, OR 97225

Date	Invoice #
10/26/2009	1263

Bill To
Monroe County Community School Corp Accounts Payable 315 E North Drive Bloomington, IN 47401

Ship To
MCCSC Administration Building 315 North Drive Bloomington, IN 47401 attn: Attn: Stephen Buckmann

P.O. Number	Terms	Ship	Via
	Net 30	10/26/2009	

Quantity	Item Code	Description	Price Each	Amount
6	Hands-On Training	2 trainers x 3 days	1,250.00	7,500.00
2	Airfare	2 trainers	500.00	1,000.00
6	Lodging	2 trainers x 3 nights	150.00	900.00
6	Rental Car/Misc Transp...	2 trainers x 3 days	100.00	600.00
Expenses are estimates only. Actual Expenses will be billed upon completion of contract				

			Total	\$10,000.00
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Phone #	Fax #	E-mail	Payments/Credits	\$0.00
(503)297-2864	(503)292-4173	information@starautismprogram.com	Balance Due	\$10,000.00