Contract for Training Services

This agreement is entered into this 11/04/09 between STAR Autism Support INC and Monroe County Community Schools (“client”).

1. Services:
   a. STAR Autism Support INC agrees to provide the following: **1 Comprehensive STAR Workshop, CD for Workshop handouts, 2 days of hands-on training with 2 trainers**.

2. Consideration:
   a. Client agrees to pay the amount of $9,800 **plus expenses** (see attached estimate) for services rendered.
   b. Expenses (Airfare, Lodging, Rental Car) are for **two** trainers and will be invoiced following the completion of the contract.
   c. Client agrees to also provide the following: **Workshop location, Hand-outs for each participant, STAR Combination Kit, substitutes for hands-on training days**.

3. Limitations
   a. STAR Autism Workshop is limited to **60** participants.

4. Term:
   a. Training Dates: **2/01/10 – 2/04/10**.

5. 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 Schools

Print: __________________________

Date: __________

Signed:

STAR Autism Support INC

Print: Jesse Arick

Date: __________
**Invoice**

**Date** | **Invoice #**
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2/1/2010 | 1534

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**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: Stephen Buckmann

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<table>
<thead>
<tr>
<th>P.O. Number</th>
<th>Terms</th>
<th>Ship</th>
<th>Via</th>
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<tbody>
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<td></td>
<td>Net 30</td>
<td>10/29/2009</td>
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<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item Code</th>
<th>Description</th>
<th>Price Each</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1</td>
<td>STAR Workshop</td>
<td>STAR Autism Program Workshop</td>
<td>5,000.00</td>
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<tr>
<td>4</td>
<td>Hands-On Training</td>
<td>2 trainers x 2 days each</td>
<td>1,200.00</td>
<td>4,800.00</td>
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<td>2</td>
<td>Airfare</td>
<td>2 trainers</td>
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<tr>
<td>8</td>
<td>Lodging</td>
<td>2 trainers x 4 nights</td>
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<td>1,200.00</td>
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<td>4</td>
<td>Rental Car/Misc Transp...</td>
<td>4 days</td>
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Expenses are estimates only. Actual expenses will be billed following completion of training.  
ESTIMATE OF TRAINING

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**Total** $12,400.00

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**Payments/Credits** $0.00

**Balance Due** $12,400.00

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**Phone #** | **Fax #** | **E-mail**
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(503)297-2864 | (503)292-4173 | information@starautismprogram.com