

**Special Agent/Broker/Certified Financial Planner (CFP)
Trainings
Acknowledgement**

We, _____ *[name of organization]*, agree to have the NYS Partnership hold a Special Agent/ Broker /CFP training at _____ *[location of training]*, on _____ *[date of training]*. We anticipate _____ *[number of participants]* Agents/Brokers/CFP will attend this training. We understand that the meeting space, refreshments, if needed; and equipment will be provided by our organization. The equipment includes: Power plugs, extension cords, projection screen, lectern and a microphone. The Partnership office will supply the laptop and projector for a PowerPoint Presentation. The setup for the meeting will be classroom style with writing surface for each seat. It is also understood that the \$3600.00 training fee is nonrefundable and that we have 15 days after a signed acknowledgement to cancel and reschedule, but under no circumstance will payment be refunded. We understand that the New York State Partnership reserves the right to cancel any training. In the event of a cancellation, the Partnership will make every attempt to reschedule at the earliest mutually agreeable time.

Print Name

Title

Signature

Date