CHOICE & CONSEQUENCE
Policy & Contract for Services

YOU MAY FILL OUT PAGE 2 OF THIS FORM ON YOUR COMPUTER AND PRINT A COPY FOR YOUR RECORDS BEFORE EMAILING IT BACK TO OUR OFFICE.

Payment Policy

Please do not give the payment to the health educator. All accounts are due and payments must be received in our office within 45 days of the date service was provided. To expedite this process, a completed W-9 will be provided, if required by your organization, we can accept your purchase order, and you may email or print and fax this contract back at (360) 435-3025. **Your presentation date will not be confirmed** until this signed contract is returned to our office. If payment is not received within 45 days of the completion of service, a late notice with a $25 late fee may be sent out with a request to remit payment. If a second late notice is sent out and the bill is not paid, the account may be turned over for collection and an additional $25.00 fee will be charged.

Cancellation Policy

Fees will be assessed as follows: Cancellation within two weeks of the event, an administrative fee of $25.00 may be charged. Cancellation the day before, or on the day of the event, payment of your invoice in full may be charged. Exceptions to this policy may be made at director's discretion and may depend on whether or not the day could be rescheduled with another customer.

Photographs and Filming

Filming of the organ presentation or any of the classes taught by staff of the corporation is expressly forbidden. Photographs may be taken of any of the presentations. Often photographs of students or adults participating in the interactive activities are taken. A media consent form may be required for anyone wishing their photo to be used by C.C. Tape recording of any of the classes or presentations given by staff of the corporation is expressly forbidden.

Parental Consent

A parental consent/notification letter is included in your package if it applies to you. If you decide not to send the letter to parents **you agree to hold Choice & Consequence harmless and take full responsibility** for any complaints or any other problem occurring because of your choice not to use it. Please indicate your decision to send the letter home to parents, or not, by checking yes or no in the space provided on the next page.

PROCESS FOR CONFIRMATION

Fill out page 2 of this document, sign and click on the email button to return it. You must begin the purchase order process, or other applicable process, to have your presentation day confirmed. Please contact your principal if you do not know how to do this.

Questions

Please call the office at 360-435-7250 or the cell at 360-631-2673 with any questions you may have.

Choice & Consequence® (CC)
Policy & Contract for Services
425 N Olympic Ave
Arlington WA 98223
360-435-7250

Submit Print Reset

School/Event Address	Billing Address
*School/Event _____	*Responsible Party _____
*Contact Name _____	*Contact Name _____
*Address _____	*Address _____
*City, State, Zip _____	*City, State, Zip _____
*Email address _____	*Email address _____
*Phone number _____	*Phone number _____
*Date/Hours _____	*Payment Due Date/Cost _____

*1. Will your finance department need a W-9 form?

YES_____ NO_____ If so, please provide fax number: _____

*2. Will you be sending either an informational letter or a permission slip to parents about "The Real Inside Story" program?

YES_____ NO_____ ___

*3. Have you initiated the purchase order process or other necessary order for payment?

YES_____ NO_____

*4. Have you read, understood, and agreed to the highlighted information on this document?

YES_____ NO_____

*Please fill out completely to ensure confirmation of your presentation day(s). Please make sure you submit the correct billing information to allow payment to reach CC within 45 days from the date of your presentation. You may fill out this form and click on the email button to return it to the office. By returning this form CC considers your presentation confirmed. Upon submittal we also consider the contract to be signed by you or your authorized agent. By submitting, you agree to adhere to the CC Policy and Contract for Services. If you have chosen to **not** notify parents of the TRIS program presentation day, you also agree to hold harmless the CC organization, staff and board of directors for any damage caused by my decision to decline to notify parents.

_____
Name/position of person completing form

Colleen C. Williams, MS, RN
Choice & Consequence Staff