

## **Pelvic Health and Rehabilitation Center**

PHRC, LP

2000 Van Ness Ave Suite 603

San Francisco, CA 94109

Phone: 415-440-7600

Fax: 415-440-6803

### **CONTRACT**

#### **Sponsor agrees:**

1. To sponsor the 2-day course, “De-mystifying Pudendal Neuralgia as a Source of Pelvic Pain: A Physical Therapist’s Approach” on DATE according to a mutually acceptable time schedule.
2. To provide all necessary marketing and public relation efforts prior to the course. In addition to providing course participants with logistical information regarding course location, course expenses, schedule, etc. marketing materials must include that participant dress is casual and comfortable. Men are requested to bring shorts or bathing suits; women, shorts and halter tops to wear for the practicum sessions. Participants will practice the techniques on each other during the practicum sessions. Participants also need to know that they must be prepared to expose the body region of study during practice sessions which include internal and external techniques. The manual techniques require short fingernails.
3. To secure appropriate and accessible teaching facilities, namely
  - a. a classroom with ample treatment tables and chairs for participants and instructors. To facilitate participants’ optimum learning experience, 1 treatment table per 2 participants is required;
  - b. a projection screen and an LCD projector appropriate for the classroom in which the course will be conducted;
  - c. a sound system with microphones;
  - d. pillows, blankets or sheets, and drapes for each table. Gloves, massage lotion, and surgical lubrication (for internal lab portion) for each participant.
4. To be responsible for printing of handouts.
5. To be responsible for all registration procedures.
6. To pay the Pelvic Health and Rehabilitation Center the following fees:

**Honorarium for 2 PT instructors total** **TBD**

**Honorarium for 1 PT teaching assistant (if applicable)** **TBD**

a. **Reimbursement for missed clinical time/day for 2 PT instructors** **TBD**

- b. Travel expenses for 2 instructors plus 1 teaching assistant (if applicable), approximately **TBD**
- c. Lodging and meal expenses for 2 instructors and 1 teaching assistant (if applicable), approximately **TBD**
- 7. To pay the Pelvic Health and Rehabilitation Center a **\$1500.00 minimum deposit** no later than 30 days prior to course date by check or money order payable to Pelvic Health and Rehabilitation Center;
- 8. To pay the Pelvic Health and Rehabilitation Center the remainder of the fees within 30 (thirty) days of receipt of expense records by check or money order made payable to the Pelvic Health and Rehabilitation Center;
- 9. To mail payments directly to the Pelvic Health and Rehabilitation Center;
- 10. To arrange for appropriate lodging for instructors;
- 11. To avoid any situation that would involve a conflict of responsibility or interest with sponsor's commitment to the Pelvic Health and Rehabilitation Center.

**Pelvic Health and Rehabilitation Center agrees:**

- 1. To teach a 2-day course, "De-mystifying Pudendal Neuralgia as a Source of Pelvic Pain: A Physical Therapist's Approach" on DATE according to a mutually acceptable time schedule;
- 2. To provide 2 qualified instructors to teach the above mentioned course for a maximum of 20 students, to provide a teaching assistant for 20-30 students maximum;
- 3. To submit to the sponsor a course outline, course objectives, and curriculum vitae and biographical information about each instructor with return of the signed contract;
- 4. To provide all course materials for participants in PDF format or other format for the course by 30 days prior to course;
- 5. To secure reasonable, economy class airline arrangements;
- 6. To provide all participants who have successfully completed the course with a course certificate;
- 7. To provide all teaching materials, including notebook with PowerPoint presentations;
- 8. To avoid any situation that would involve a conflict of responsibility or interest with the Pelvic Health and Rehabilitation Center commitment to sponsor;

**General Provisions:**

- 1. This agreement is binding on all parties, their representatives, successors or assignees;
- 2. This agreement, schedule, and attachments constitute the entire agreement between the parties and supersedes all previous agreements. This agreement may

only be amended, or modified by a written instrument signed by the duly authorized parties or their authorized representatives.

**For Sponsor:**

\_\_\_\_\_ Date \_\_\_\_\_ 2008

**For Pelvic Health and Rehabilitation Center:**

\_\_\_\_\_ Date \_\_\_\_\_ 2008  
Stephanie Prendergast, MPT

\_\_\_\_\_ Date \_\_\_\_\_ 2008  
Elizabeth Rummer, MSPT