



The EEOC Training Institute provides training and technical assistance under auspices of the EEOC Educational, Technical Assistance, and Training Revolving Fund Act of 1992, which authorizes the Commission to offer these services at fees to offset the costs of providing such programs.

This agreement provides for the development and presentation of the training specified below and delivered by \_\_\_\_\_ of the U.S. Equal Employment Commission to \_\_\_\_\_.

1. **Training Date:** \_\_\_\_\_ **Base Fee:** \_\_\_\_\_

**Time at the Training Location:** \_\_\_\_\_

**Audience Type:** \_\_\_\_\_

**Training Location Full Address:** \_\_\_\_\_

\_\_\_\_\_

Audience Size	Training Hour(s)	Topic(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Training Date:** \_\_\_\_\_ **Base Fee:** \_\_\_\_\_

**Time at the Training Location:** \_\_\_\_\_

**Audience Type:** \_\_\_\_\_

**Training Location Full Address:** \_\_\_\_\_

\_\_\_\_\_

Audience Size	Training Hour(s)	Topic(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TRAINING AGREEMENT**

**EEOC Job Code** \_\_\_\_\_

3. **Training Date:** \_\_\_\_\_ **Base Fee:** \_\_\_\_\_

**Time at the Training Location:** \_\_\_\_\_

**Audience Type:** \_\_\_\_\_

**Training Location Full Address:** \_\_\_\_\_

\_\_\_\_\_

<b>Audience Size</b>	<b>Training Hour(s)</b>	<b>Topic(s)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **Training Date:** \_\_\_\_\_ **Base Fee:** \_\_\_\_\_

**Time at the Training Location:** \_\_\_\_\_

**Audience Type:** \_\_\_\_\_

**Training Location Full Address:** \_\_\_\_\_

\_\_\_\_\_

<b>Audience Size</b>	<b>Training Hour(s)</b>	<b>Topic(s)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Training Date:** \_\_\_\_\_ **Base Fee:** \_\_\_\_\_

**Time at the Training Location:** \_\_\_\_\_

**Audience Type:** \_\_\_\_\_

**Training Location Full Address:** \_\_\_\_\_

\_\_\_\_\_

<b>Audience Size</b>	<b>Training Hour(s)</b>	<b>Topic(s)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TRAINING AGREEMENT**

**EEOC Job Code** \_\_\_\_\_

**Travel Fee:** The fee for travel for the training session(s) in the amount of \$\_\_\_\_\_.

**Training Fee:** The fee for the training session(s) which covers the costs associated with developing the training, its delivery, participant materials, and trainer travel costs is the **total training fee of \$**\_\_\_\_\_.

**Contact Persons for the Training:**

**For the U.S. Equal Employment Opportunity Commission:**

**Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**For the Company/Agency:**

**Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Company/Agency Tax Identification Number:** \_\_\_\_\_

**Payment:** The EEOC Training Institute requires pre-payment for all training and workshops. Payment by check is the only acceptable method of payment at this time.

**TRAINING AGREEMENT**

**EEOC Job Code** \_\_\_\_\_

**For check payment:** Check payment shall be made to the The EEOC Training Institute and must be received prior to the training date. Please indicate the **EEOC Job Code** \_\_\_\_\_ on the check and include a copy of the signed agreement. The check payment should be mailed to the following address:

**EEOC  
Attn: OFP/Revolving Fund  
131 M Street, NE  
Washington, DC 20507**

**PLEASE NOTE:** Once the check has been generated, a scanned copy of the check must be emailed to your EEOC training contact person prior to the date of the training.

**Amendment of Agreement:** The agreement may be amended by mutual consent of both parties. The parties agree that in the event of a government shutdown or furlough, or the illness or unavailability of the designated trainer, the parties will work to reschedule the training on a mutually convenient date as promptly as possible. A cancellation request must be received more than 15 business days prior to the event date to be eligible for a refund minus 10% for processing fee.

**For the U.S. Equal Employment Opportunity Commission:**

**EEOC Director Name** \_\_\_\_\_

**EEOC District or Field Office** \_\_\_\_\_

\_\_\_\_\_  
**EEOC Director Signature**

\_\_\_\_\_  
**Date**

**For the Company/Agency:**

**Company/Agency Representative Name** \_\_\_\_\_

**Company/Agency Representative Title** \_\_\_\_\_

\_\_\_\_\_  
**Company/Agency Representative Signature**

\_\_\_\_\_  
**Date**