



Statement of Agreement

This Statement of Agreement represents an agreement between:

Madison Gas & Electric
P. O. Box 1231

Madison, WI 53701-1231

AND American Red Cross – Badger Chapter
4860 Sheboygan Ave
Madison WI 53705

Workplace/Community Manager: Sara Weier

Phone: 608-227-1260 **Fax:** 608-227-1264

Email: sweier@arcbadger.org

COURSE DETAIL

The Badger Chapter will conduct the following training:

| | | | |
|--|---|------------------------------------|--|
| COURSE TITLE | CPR/AED-Adult | TRAINING SITE ADDRESS | Madison Gas & Electric Main Office 133 S. Blair Street Madison, WI 53701 |
| COURSE DATE and TIME (BREAKS IF APPLICABLE) | Tuesday, November 16 th , 2010 8:00am-1:30pm (30 min meal break) **Please have someone ready to meet the Instructor at: 7:30am | COMPANY CONTACT INFORMATION | COURSE COORDINATOR NAME/PHONE Dave Cummings 608-252-7214 TRAINING SITE NAME/PHONE (IF DIFFERENT THAN ABOVE) Dave Cummings 608-252-7214 |
| EXPECTED PARTICIPANT COUNT | 12 participants **If your enrollment exceeds 12 people, please contact the Chapter to schedule additional Instructor support | AGREED UPON PRICE | \$64.00 per person **8 person minimum charge per class of 12 participants **See Responsibilities Page for Cancellation Policy |
| CERTIFICATE DISPERSAL | Mailed within two weeks after the class is complete to: Madison Gas & Electric Attn: Dave Cummings PO Box 1231 Madison, WI 53701-1231 | INVOICE | Invoice will be mailed within two weeks after the class is complete to: Madison Gas & Electric Attn: Accounts Payable PO Box 1231 Madison, WI 53701-1231 |

EQUIPMENT LOGISTICS

Madison Gas & Electric will provide:

The Badger Chapter will provide:

| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Room with adequate seating and space for skills practice for each participant (SEE CLASSROOM SET UP FLYER) | <input checked="" type="checkbox"/> Copy of book(s)/ skills card(s) for each participant ** Please encourage review students to bring copies of books/skills cards from previous years. Review students may opt to use reference copies available for use during class. | | |
| <input checked="" type="checkbox"/> Room with carpeting | <input checked="" type="checkbox"/> One American Red Cross Instructor for every 12 participants | | |
| <input type="checkbox"/> TV/DVD Player | <input type="checkbox"/> TV ONLY | <input checked="" type="checkbox"/> Necessary Training equipment and supplies | |
| <input type="checkbox"/> Dry Erase Board OR Flip Chart | | <input type="checkbox"/> Training room with adequate seating, carpeting and space for skills practice for each participant | |
| | | <input checked="" type="checkbox"/> Flip Chart | <input checked="" type="checkbox"/> TV/DVD Player |
| | | <input checked="" type="checkbox"/> Kneeling Pads | |

RESPONSIBILITIES PAGE

I have read the Responsibilities Page and agree to its contents.

The terms of this Agreement shall remain confidential between the client and the Badger Chapter. By signing this Agreement, Madison Gas & Electric will adhere to the rules and regulations put forth in the Statement of Agreement and Responsibilities Page.

Signature: _____ Date: _____
(Company / Organization Representative)

Signature: _____ Date: October 27, 2010
Sara Weier (electronically signed)
Sara Weier, Workplace/Community Manager