

Corporate Affiliate Agreement

Agreement Overview

AmeriSpan, a Delaware corporation (hereinafter referred to as “AmeriSpan”) and

_____ (hereinafter referred to as “Affiliated Corporation”)

have entered into this agreement on the _____ day of _____ in _____. This agreement will stay in effect indefinitely until either party decides to discontinue it. The goals of the agreement are:

1. Enable Affiliated Corporation to have strong knowledge of AmeriSpan’s programs and services;
2. Provide discounts to Affiliated Corporation’s employees for site visits and employee training;
3. Generate funds to help Affiliated Corporation support its services; and

Responsibilities of AmeriSpan

1. AmeriSpan will make the following contributions to Affiliated Institution:
 - a. \$200 off the first employee from the Affiliated Institution enrolls in an AmeriSpan program
 - b. 5% off total tuition (including room, board, application fees, etc.) on all AmeriSpan programs including Language Immersion Programs, Volunteer/Internship Programs, and COMERCIO Business Programs for any employee family members during one year.
NOTE: programs created for groups of employees are excluded from this calculation because the contribution is already reflected in the special group price.
2. Employees will receive an automatic 10% discount on the following AmeriSpan programs: Language Immersion, Volunteer/Intern and COMERCIO programs after the first employee is enrolled. This discount increases to 15% if more than 20 employees are enrolled during one year. Excluding program for groups.
3. If enrollment during one year exceeds any combination of 15 AmeriSpan programs, AmeriSpan will provide the designated person one free COMERCIO program including airfare. Upon request, the COMERCIO program may be exchanged for a one-week language immersion program.
4. AmeriSpan will make available to your employees the following Affiliate Corporate Discounts:
 - a. One \$500 COMERCIO corporate discount. For every additional five (5) COMERCIO employees, you will receive one additional \$500 COMERCIO corporate discount.
 - b. One \$250 corporate discount for every five (5) employees who participate in any AmeriSpan programs other than COMERCIO.
5. AmeriSpan agrees to accept all applicants from Affiliated Institution applicants provided that the minimum admissions criteria are met and space is available in the desired program.
6. AmeriSpan will accept applications individually from employees and/or from the corporation.
7. AmeriSpan will handle the distribution of Affiliate scholarships and/or the corporation can

Please Initial: _____
Affiliate

AmeriSpan

make the decision in some or all of the cases. *Please indicate your interest on Page 3 of this agreement.*

8. AmeriSpan agrees to cooperate with the Affiliated Institution on alternate invoicing procedures, if requested. Employees are typically billed directly by AmeriSpan. However, arrangements can be made with the Affiliated Institution to bill the Affiliated Institution for some or all of the employees' charges. *Please indicate your interest on Page 3 of this agreement.*
9. AmeriSpan will list the Affiliated Institution as an additional co-insured on the AmeriSpan liability policies should it be so desired.

Responsibilities of the Affiliated Institution

1. For appropriate area managers to maintain a supply of AmeriSpan catalogs for the benefit of employees.
2. To contact AmeriSpan in cases that additional information, a program presentation or a personalized interview is needed.
3. To facilitate, when possible, the funding for its employees who are eligible to participate in a program and who wish to learn a language on AmeriSpan programs.

Additional Information

Would you prefer AmeriSpan NOT invoice employees directly? Yes / No

Would you prefer to coordinate Affiliated Corporate Discounts rather than AmeriSpan? Yes / No

Will you offer all AmeriSpan programs / only the following programs (circle answer)

For Affiliated Institution

Name of Institution

Name of Authorized Officer (please print)

Title

Signature

Date

For AmeriSpan:

Name of Authorized Officer

Title

Signature

Date

Please Initial: _____ _____
 Affiliate AmeriSpan

Primary Contact at Affiliated Institution

Telephone

Fax

Email

Please Return Agreement To:

AmeriSpan Study Abroad
Attn: Affiliates
117 South 17th Street, STE 1401
Philadelphia, PA 19103
Or fax to: 215-751-1986

Please Initial:

Affiliate

AmeriSpan