



Corporate College Master Services Agreement - Exhibit A

Contract Number: _____ **Date:** _____

The following is the description or supplemental description of the services to be performed under the Corporate College Services Agreement between _____ (Organization/Host) and Lone Star College System (LSCS) and is incorporated therein by reference thereto. All terms and conditions of the Services Agreement are applicable hereto.

Service:

<input type="checkbox"/> Training	<input type="checkbox"/> Curriculum Development	<input type="checkbox"/> Assessment	<input type="checkbox"/> Consulting
<input type="checkbox"/> *Conference Center Lease	<input type="checkbox"/> *Catering	<input type="checkbox"/> Other _____	

***For Conference Center Lease and Catering a LSC-UP Facility Use Agreement must be signed.**

Dates and Description of Service/Event:

Service Type (from above)	Date	Day	Times	Maximum # of Participants
Description:				
Description:				
Description:				

Location where services will be performed:

- Client Site
 - Address: _____
 - Location contact person and phone number: _____

- College Location
 - Campus: _____ Building: _____ Room _____

- Conference Center
 - Room: _____

- Other: _____

Equipment/Materials/Other

- Books/Course materials
- Instructor Computer
- Projector, pointer, other media
- Other: _____

To be provided by: (Select One)

- | | | |
|--|----------------------------------|-------------|
| <input type="checkbox"/> Organization/Host | <input type="checkbox"/> College | Cost: _____ |
| <input type="checkbox"/> Organization/Host | <input type="checkbox"/> College | Cost: _____ |
| <input type="checkbox"/> Organization/Host | <input type="checkbox"/> College | Cost: _____ |
| <input type="checkbox"/> Organization/Host | <input type="checkbox"/> College | Cost: _____ |

Unique or other additional circumstances regarding this opportunity: _____

Service Cost:	\$ _____
Equipment/Materials Cost	\$ _____
TOTAL INVOICE AMOUNT:	\$ _____

Method of Payment:	
_____ Invoice	_____ Purchase Order
	PO# _____
_____ Credit Card	

- Should Organization/Host terminate this agreement or cancel/reschedule services provided hereunder:
- within 30 (thirty) calendar days of start date for the services, Organization/Host agrees to pay a cancellation fee of 50% unless service is rescheduled with a confirmed start date within 60 days of the original start date.
 - within 7 (seven) calendar days of start date, Organization/Host agrees to pay a cancellation fee of 100% of invoiced amount.

Corporation acknowledges the cancellation fees are not penalties, but rather fees to reimburse LSCS for costs incurred.

Organization/Host:

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Lone Star College System:

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Billing Instructions:

To: _____

Address: _____

City, St. Zip _____

Note: Modification of this Form requires approval of OGC