



2017-18 Custom Fit Training Agreement

Business Name _____

Mailing Address _____
Street City State Zip

Contact Name _____ Title _____

e-mail _____ Tel _____ Fax _____

Company Owners and/or Employees Receiving Training:

Name _____ SSN (Last 4): _____
Please Print First & Last Name

Name _____ SSN (Last 4): _____
Please Print First & Last Name

Name _____ SSN (Last 4): _____
Please Print First & Last Name

Name _____ SSN (Last 4): _____
Please Print First & Last Name

TRAINING NEEDS AND/OR REQUESTS:

St. George Area Small Business Summit: June 13, 2018
(Training workshops: Cybersecurity, Marketing, Building a Website, Active Shooter Training, Emergency Preparedness, HR, Taxes/Law, Quickbooks)

Total Cost: \$ 75.00 per person
Custom Fit will provide: \$ 30.00 per person
Company will provide: \$ 45.00 per person

PURPOSE OF TRAINING (SELECT ONE)

Expand or Prepare for Growth Enhance Productivity Maintain Competitive Edge

This agreement is between Dixie Technical College and its Custom Fit Training Program, to coordinate training for "Employer" as provided herein. To qualify for Custom Fit funding you must be a for profit business operating in Washington County. This agreement is contingent on participating Employee(s) providing their last 4 digits of their social security number, for State reporting purposes. The "Employer" will contribute to the training cost as agreed, and will provide any additional information as required by Custom Fit staff, which may include training attendance records and evaluations. This agreement will close on or before June 30, 2018.

X _____ X _____
Employer Representative Custom Fit Representative

_____ April 25, 2018
Date Date