

This agreement between Acrobat Outsourcing, with its principal office located at 665 3<sup>rd</sup> Street, Suite 415, San Francisco, CA 94107 ("STAFFING FIRM"), and American College of Prosthodontists ("CLIENT") for the event on October 5<sup>th</sup>-8<sup>th</sup>, 2016 at the Manchester Grand Hyatt 1 Market Place, San Diego, CA 92101.

**Bill Rates:** Our bill rates include the employee's hourly wage, and all deductions required by State and Federal legislation -- including employer's contribution for FICA taxes, providing Unemployment and Worker's Compensation, liability insurance and fidelity bonding, San Francisco sick leave, health care and commuter ordinances as well as other deductions and benefits paid to our employees. Additionally, all administrative charges are covered, including preparation of W-2 forms at the end of the year.

Position	Bill Rate	50% Deposit charged day before event
Event Help	\$20.95 per hour*	(estimated 50% deposit)

**\*Acrobat Outsourcing observes the following Holidays:**

New Year's Day	Labor Day
Easter Sunday	Thanksgiving Day
Memorial Day	Christmas Day
Independence Day	

**On these dates your normal bill rate will increase 1.5X.**

Acrobat may, on occasion, increase the rates set forth in proportion to any legislatively-mandated new or increased cost which may be required by federal, state, or local law commencing upon the effective date of such new or increased cost, such as FICA State Unemployment Tax. Changes may also include any new or increased cost associated with the passage of a federal or state law mandating any benefits for employees.

**Affordable Care Act:** Beginning in January 2015, Acrobat Outsourcing will be offering medical benefits to all qualified temporary employees in compliance with The Affordable Care Act. You will be assessed a minimal % ACA surcharge on every invoice. This rate can vary and is currently 1% of the invoice amount.

**Five-hour Minimum:** We require a five-hour minimum workday. If an employee is scheduled to work a minimum of five hours in one day and the employee is sent home in less than five hours due to a lack of work, the employee will be paid for five hours and THE CLIENT will be billed for five hours. **Show-up:** In the event you cancel the employee's assignment and the employee is already on his/her way to work, or at the location, the five hour minimum will be applied, and THE CLIENT will be billed for five hours.

**Cancellation of Event:** There will be a 50% cancellation fee of estimated hours for the Event if cancelled within 7 days of the scheduled start time. The parties agree that the minimum hours for the Event are 5.

Authorized representatives of the parties have executed this Agreement below to express the parties' agreement to its terms. The provisions of this Agreement will inure to the benefit of and be binding on the parties and their respective representatives, successors, and assigns.

Melissa (a)Nduian, ACP

CLIENT

Signature

Printed Name

Title

Date

STAFFING FIRM: ACROBAT OUTSOURCING

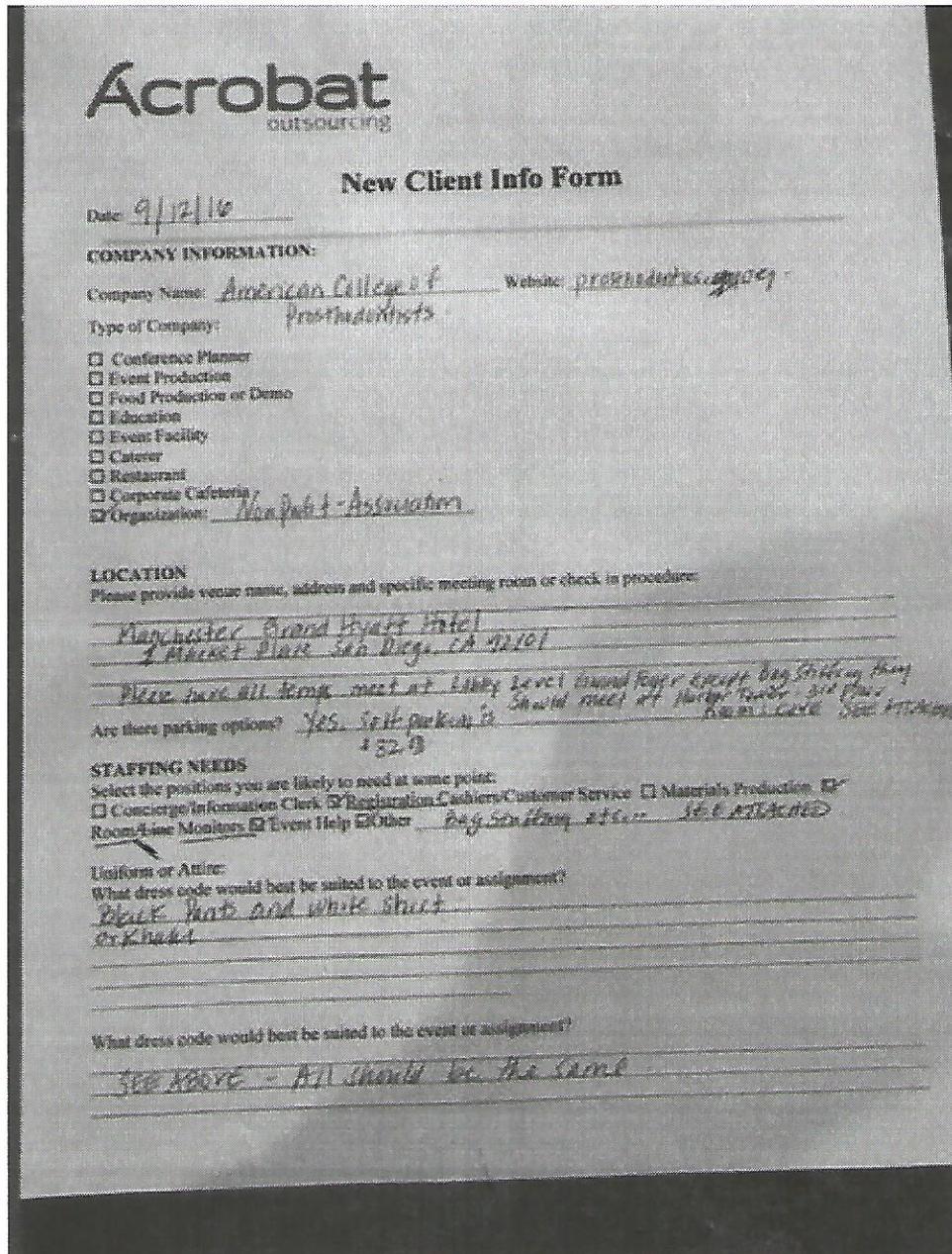
Signature

Printed Name

Title

Date

Agreement Provided By: Alicia Ambrose



**CONTACTS**

Primary Contact (we will email timesheets to this contact before each job)

Printed Name: Sean Sullivan Position: On-site Contractor

Phone: \_\_\_\_\_ Cell: 773-730-7245 Fax: \_\_\_\_\_

Address: P.O. Box 416 City: Whitmore Zip: 10009

Email: Sean@personalizedmeetings.com

**Invoice Contact**

We email invoices to save paper, but if you prefer another method please indicate:

Email is perfect  Prefer fax  Prefer postal mail

same as above info

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Contacts**

If there are others in your office who may place orders on this account please indicate:

1) Printed Name: Melissa Kabadian Position: Associate Executive Director

Phone: 312-523-4212 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: Melissa.Kabadian@protheatre.org

# Acrobat

outsourcing

## CREDIT CARD BILLING AUTHORIZATION FORM

CREDIT CARD BILLING INFORMATION:	
Company Name/DBA:	American College of Prosthodontists
Authorized Signer:	Melissa Kabadian
Credit Card Type:	Visa [ ] MasterCard [ ] Amex [x] Discover / Novus [ ] Other, please specify:
Credit Card Number:	3783 4403 49 87604
Enter CVC number:	Last 3 digits from the back of card: 6462
Expiration Date:	7/21
Billing Address:	211 E. CHICAGO AVENUE SUITE 1000
City:	CHICAGO
State/Province:	ILLINOIS
Zip/Postal Code:	60611
Country:	USA
Phone Number:	312-573-1260
Fax Number:	312-573-1257
PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:	
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Acrobat Outsourcing's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to leni@acrobotoutsourcing.com.	
Changes in the status of this card can also be reported to leni@acrobotoutsourcing.com.	

Authorized Signature:



Date: 8/29/16