

Address: Contact: Email: Phone: Name:

Address: Contact: Email: Phone:

Training Services Licensed Training Provider Agreement

Appendix C - Entities/Locations Covered by Agreement

Please provide information regarding any additional entities/locations covered by this Agreement, if applicable.

All Domestic Locations (additional legal entity names must be listed) Entities/locations listed below		
Affiliated Entity/Location Name and Contact Information	Relationship to Signatory Entity	Affiliated Entity Account Number
Example: Name: ABC Mid Atlantic Address: 2025 E ST NW Washington, DC 20006 Contact: Sally Safety Email: sally.safety@abc.com Phone: 800-555-1212	Regional Distribution Center	ABC1231542
Name: Address: Contact: Email: Phone:	Relationship:	Account Number:
Name: Address: Contact: Email: Phone:	Relationship:	Account Number:
Name:	Relationship:	Account Number:

Relationship:

Account Number: