**YALE ONSITE GROUP TRAVEL EDUCATION AGREEMENT**

This Onsite Group Education Agreement (“Agreement’), is entered into as of \_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_ (the “Effective Date”), by and between PPH Global Services, LLC (“PPH”) having a place of business at 8324 E Hartford Drive, Suite 200, Scottsdale, Arizona 85255, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Client”), having a place of business at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**BACKGROUND**

PPH is a nationwide system of corporate-owned and franchisee-owned clinics staffed with medical professionals licensed to practice in their respective jurisdictions nationwide. We look forward to providing you with Onsite Group Education services, subject to the fees and terms described herein.

**SCHEDULING**

Scheduling requests or questions can be emailed to [accounts@passporthealthusa.com](mailto:accounts@passporthealthusa.com) or call 844-358-3733.

|  |  |
| --- | --- |
| **Event Details** | |
| Group Coordinator Name, Phone & Email |  |
| Group or School Name |  |
| Travel Destination(s) or Region |  |

|  |  |
| --- | --- |
| **Scheduling Details** | |
| Location Address |  |
| Requested Date |  |
| Requested Time |  |
| Estimated # of Participants |  |

Clinics scheduled outside of normal working hours (8am-6pm Monday-Friday) will incur an additional $100 fee. Clinics may be cancelled up to 72 hours in advance with no charge. Clinic cancellations made less than 72 hours before the scheduled start time will be charged a $150 fee.

**FEES**

Onsite Group Education fees can be paid by the participant or billed to the school/group sponsoring the event

Group Education Session Fee \_\_\_\_\_\_ paid by individual \_\_\_\_\_\_ billed to school/group

Vaccine and supply prices listed below will not be available at the Group Education event unless requested and approved.

|  |  |
| --- | --- |
| **Group Education and Travel Immunizations** | |
| Onsite Group Education Session (to include documentation) | $50 per participant |
| Japanese Encephalitis\* | $385 |
| Polio | $75 |
| Rabies\* (pre-exposure) | $355 |
| Typhoid | $115 |
| Yellow Fever | $240 |
| \*Indicates a vaccine in a series. Prices listed are per dose. | |
| **Travel Supplies** | |
| DiaResQ/Travelan Diarrhea Kit | $29 |
| First Aid Kit | $30 |
| Insect Repellent | $10 |
| SteriPEN UV light water purifier | $120 |
| Oral Rehydration Salts | $10 |
| After Bite | $7 |

INVOICING

If the school/group sponsor is to be billed, PASSPORT HEALTH will invoice for services rendered following the completion of the event. Invoices will be paid within 30 days of receipt. Invoices shall be paid in full and shall be paid by check made payable to PPH Global Services, LLC, credit card, or ACH payment.

TERM

This agreement is value for one year from the contract signature date.

REGULATORY COMPLIANCE

The operation of the Clinics and Passport Health’s activities in connection therewith are governed by a variety of legal and regulatory requirements, including without limitation certain rules limiting the use and handling of “Protected Health Information” of clinic participants. Both you and Passport Health agree that with respect to Protected Health Information known to either of us or in our possession in connection with the clinics, we each will comply with the applicable provisions of HIPAA and its regulations, and any other similar laws, we each will not use or disclose Protected Health Information other than as permitted by law and will use appropriated safeguards accordingly, and work to cure the same promptly.

FORCE MAJEURE

Both you and PASSPORT HEALTH agree that parties will mutually undertake in good faith to see the Clinic Program outlined herein implemented as contemplated hereby, however, we each acknowledge and agree that where acts of God, law or regulation, labor shortages or disputes, war, vaccine shortages or supply constraints, or any other condition or cause beyond a party’s control impacts logistics or execution and materially hinders a party’s ability to perform as described herein (included, without limitation, as to timing, frequency, duration or pricing), such party will not have liability to the other therefor.

MISCELLANEOUS INCLUDING AMENDMENT, GOVERNING LAW, VENUE AND JURISDICTION, ASSIGNMENT, EXCLUSIVITY AND CONFIDENTIALITY

Any amendment hereto or modification hereof must be made only in writing signed by the parties hereto. This Agreement and the parties’ relations in connection herewith and with the clinic program contemplated hereby will be governed by applicable law without giving effect to the choice of law or conflict of laws principles thereof, and any action with respect to the foregoing shall be brought only in the appropriate state or federal courts; each party shall bear its own costs and expenses in connection with any such action and no award of attorney’s fees shall be sought or made; no judgment in any such action (excluding claims for collection of payment for shots rendered in the Clinic program) shall exceed the greater of $50,000 or the amount actually paid to PASSPORT HEALTH by Client in connection herewith during the 12 months preceding the commencement of such action. This agreement is exclusive only in that Client agrees not to host other providers of Clinic services covered hereby, at the locations covered hereby, during the term hereof. Each party agrees not to disclose, or use for any purpose other than in furtherance of the relationships contemplated hereby, the confidential or proprietary information of the other party or in the other party’s possession, unless required to do so by court order or other similar process, or unless such information becomes publicly available or otherwise known to the receiving party through no fault or breach hereof by the receiving party. The persons signing this Agreement each warrants that they are authorized to do so.

If the foregoing matches your understanding, please sign below and return. We look forward to working with you and encourage you to contact us at any time if we can answer any questions.

**By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_