



Concise|Affordable|Customized|Solution-driven

A Service of All World Languages & Cultures, Inc.

COST FLEXIBILITY - TIME FLEXIBILITY – CONTENT FLEXIBILITY

Diversity **KC-ED** offers an **WIDE FLEXIBILITY** in resources, time and content.

1. Circle the option that best fits your **budget**, corresponding number of hours of services you prefer;
2. Together, we will discuss the **content** of the educational modules that best fits your **needs**;
3. You will then schedule your modules **when it is convenient** on your calendar;
4. You may suggest other modules that we will prepare and facilitate. A preparation fee may apply;
5. Add LANGUAGE INTERPRETING on their packages for French, Spanish or any other languages.

OPTIONS	BLOCK HOURS	# HOURS	TOTAL
Option 1	1-5 hours Agreement - \$500 per hour – Up to 1 month to complete.		
Option 2	6-10 hours Agreement - \$450 per hour - Up to 1 month to complete.		
Option 3	11-20 hours Agreement - \$400 per hour – Up to 2 months to complete.		
Option 4	20-39 hours Agreement - \$350 per hour – Up to 4 months to complete.		
Option 5	40 hours Agreement - \$300 per hour - Up to 6 months to complete.		
Option 6	Retainer Agreement: 10 hours per month – \$250 per hour - Up to 12 months to complete, <i>You have our consultants available to you promptly upon request for any task listed in your agreement. This is like having your own in-house consultants.</i>		
A Plus: Options 3,4,5 and 6 also include language interpreting (for IEP meetings, parent-teacher conferences, inscriptions, other meetings) for Spanish and French. Other languages are available at minor additional charge.			
7	Transportation to and from event site: <ul style="list-style-type: none"> ▪ \$30 <u>per travel</u> within 50 miles round-trip (per GPS) ▪ \$.55 per mile (per GSA or AAA rate) <u>per travel</u> after 50 miles round-trip (per GPS). 		

REGISTRATION

Organization: _____
 Contact Person: _____ Title: _____
 Address: _____ City: _____ State/ZIP: _____
 Tel. Work: _____ Cell: _____ Fax: _____

PAYMENT METHODS

Total Amount: \$ _____
 Check Enclosed (Payable to AWLC): Check #: _____ Amount: \$ _____
 Bill my organization. Purchase Order #: _____ (Please attach completed registration and signed PO)
 Credit Card (Please add 5 % for processing): _Visa_ _MC #: _____ - _____ - _____ Exp. Date: ___/___/___ - Cust. Code: _____
 Billing Address: _____ City: _____ State/ZIP: _____
 Signature: _____ Today's Date: _____

CONTACT

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