



## EDUCATION PARTNER REGISTRATION

This registration form constitutes a partnership between the Direct Selling Education Foundation (DSEF) and the organization (partner) listed below for the purposes of providing collaborative entrepreneurship education opportunities. The collaboration shall remain in effect once signed until such time as either party requests to amend or end the partnership.

The **DSEF** will provide the following:

- a free license to use the Direct Selling Entrepreneur Workshop curricula for the expressed intent of increasing the knowledge of entrepreneurship and the direct selling channel
- non-financial support in the form of technical assistance to workshop organizers and facilitators to increase the effectiveness of the training and its successful delivery including an instructor manual, prepared PowerPoint slides, and access to DSEF video content to supplement instruction
- networking opportunities with direct selling companies and/or their representatives to facilitate potential guest instructors and/or panelists for workshop events
- listing/promotion of partner's workshop events in DSEF social media and other marketing outlets as appropriate to the geographic location and event

The **Partner** will provide the following:

- notification to DSEF of the dates, times and location of Direct Selling Entrepreneur Workshop events prior to the event date
- marketing of the events as appropriate to the Partner's locale and institution
- listing DSEF as an event sponsor in Partner's promotional materials and press
- delivery of a short participant survey to event attendees and return of survey feedback along with the number of attendees at each event to DSEF within 30 days of the event- DSEF does not need to know the names of the individual attendees
- location/venues, refreshments (if applicable), instructor/facilitators, panelists (if applicable), printing of participant worksheets (if applicable) and any other financial requirements necessary to deliver events

Education Partner Organization Name:

Contact Person/Title:

Mailing Address:

City:

State:

Zip:

Email:

Contact Phone:

Signature:

Date:

Return by email to [nlaichas@dsef.org](mailto:nlaichas@dsef.org) or fax to 202-452-9015