

**Canadian Association for Laboratory Accreditation Inc.**  
 Suite 310, 1565 Carling Avenue, Ottawa, Ontario K1Z 8R1  
 Phone: (613) 233-5300 Fax: (613) 233-5501 <http://www.cala.ca>



# CALA Training Contract Assignment Form

## OFFER

The organisation/person (Partner) named hereunder, is requested to deliver the training described below:

\_\_\_\_\_  
 Name of Parent Organization

\_\_\_\_\_  
 Description of Training

\_\_\_\_\_  
 Location of Training

\_\_\_\_\_  
 Facility Contact Name

\_\_\_\_\_  
 Date of Training

\_\_\_\_\_  
 Partner fee for the delivery of training, as previously agreed, is (\$CAD) \$1200

## For CALA

\_\_\_\_\_  
 Charlie Brimley Date  
 Chief Executive Officer, CALA

## ACCEPTANCE

| Item  | Initials |
|---|----------|
| Partner agrees to deliver the type of training described above:                     |          |
| Partner agrees to the Terms and Conditions of the CALA Training Service Partnership |          |

## For the Partner (Authorized Signatory of the Partner Organization)

\_\_\_\_\_  
 Name ( ) Date

*"Please return this signed form to the address/fax in the header, in order for CALA to commence planning your delivery of the training identified above."*