



With **prior approval** by Designated Supervisor and Compliance, registered representatives ("RRs") may attend training and educational meetings held by an Offeror.

- An RR must complete this form for approval and include copies of all supporting documentation including invitation, agenda, estimated expenses, and any other information received from Offeror.
- Reimbursements from the Offeror for expenses must come through ESI and may not be paid directly to RR.

### Meeting Information

Attendee Name:	OSJ Name:	OSJ #:
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Date of Meeting	Name of Offeror Sponsoring Meeting: <i>(Company Name)</i>
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Location of Meeting: *(Include Hotel/Conference Center name and full address)*

Description of Expenses: <i>(Hotel, airfare, meals, entertainment)</i>	Estimate of Expenses:
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Invitation, agenda, and any other supporting documentation received from Offeror attached:

☐ Yes ☐ No because

### Attendee Certification

I hereby certify that, with respect to the above-referenced training/educational meeting:

1. My attendance is not conditioned on the achievement of any sales target or any other incentive program;
2. The payment of expenses for me to attend is not conditioned on the achievement of any sales target or any other incentive program;
3. The location is at/near the Offeror's home office, an ESI office, or facility near such office, or a regional location for a regional meeting;
4. Only my expenses will be paid/reimbursed by the Offeror. The Offeror is not paying/reimbursing or paying any expenses for any guest of mine;
5. The Offeror will not pay or reimburse me for any non de minimis forms of entertainment such as golf outings or tours; and
6. If the meeting involves an overnight stay, substantially all of the work day will be occupied by training meetings (at least 6 hours).
7. I will not accept any cash reimbursement of expenses directly from the Offeror.

Signature of Attendee: \_\_\_\_\_ RR#: \_\_\_\_\_ Date: *(mm/dd/yyyy)*

### Approvals

Supervisor: As the Supervisor/Supervisory Designee ("SD") of the RR, I ☐ **approve** or ☐ **disapprove** of the RR's attendance.

Name of Supervisor/SD: \_\_\_\_\_ Signature of Supervisor/SD: \_\_\_\_\_ Date: *(mm/dd/yyyy)*

Forward completed form to ESI Compliance and ensure supporting documentation is attached. Approval is required before attendance.

### Compliance Use Only

As a Compliance Officer, I ☐ **approve** or ☐ **disapprove** of the meeting on behalf of ESI. ☐ Entered in Due Diligence Meeting Log

Name of Compliance Officer: \_\_\_\_\_ Signature of Compliance Officer: \_\_\_\_\_ Date: *(mm/dd/yyyy)*

Comments: