



This Form must be completed and certified by the Offeror when presenting to a Field OSJ or branch office under the following circumstances:

- Day meeting presentations made at a branch office or a local venue such as a hotel conference room where a meal is provided.
- Meeting is less than 6 hours and there is no reimbursed travel expense.

If more than one ESI registered representative ("RR") from the same FOSJ attends the event, only one Form needs to be completed.

Meeting Information:

Date of Meeting: _____ Name of Offeror Firm Sponsoring Meeting: *(Company Name)* _____

Location of the Meeting: *(Include Hotel/Conference Center/Restaurant name and full address)* _____

Description of Expenses: *(i.e., food or catering, conference room, equipment rental, etc.)* _____

Total Expense: _____

of RRs Attending: _____

of Training Hours: _____

Branch/OSJ Name: _____

Branch/OSJ #: _____

List of attendees and agenda attached: ☐ Yes ☐ No, because _____

Payment method: ☐ Offeror ☐ Branch Supervisor to be reimbursed through ESI ☐ Other: _____

Offeror Certifications

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

1. Attendance by ESI RRs is not conditioned on the achievement of any sales target or any other incentive program;
2. Reimbursement/payment of expenses 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 the RRs expenses will be paid or reimbursed. The Offeror is not reimbursing or paying any expenses for any guest; and
5. The Offeror will not pay or reimburse the RR for any forms of entertainment such as golf outings or tours;

Presenter Name / Title: _____

Phone & Contact Information: _____

Presenter Signature: _____

Date: *(mm/dd/yyyy)* _____

Approvals

As the Supervisor/Supervisory Designee ("SD"), I ☐ **approve** ☐ **disapprove** of the attendance of all listed RRs under my supervision

Name of Supervisor/SD: _____

Signature of Supervisor/SD: _____

Date: *(mm/dd/yyyy)* _____

Forward completed form to ESI Compliance along with the list of attendees, agenda, and receipt.

Home Office Use Only

As a Compliance Officer, I ☐ **approve** ☐ **disapprove** of the training/educational meeting. ☐ Entered in Due Diligence Meeting Log

Name of Compliance Officer: _____

Signature of Compliance Officer: _____

Date: *(mm/dd/yyyy)* _____