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**THE NATIONAL TRAINING INSTITUTE**  
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Licensee and Licensor accept the conditions of this Agreement as indicated by their signatures below:

**For County of Monterey:**

By: \_\_\_\_\_  
Mike Derr, Contracts/Purchasing Officer

Date: \_\_\_\_\_

**Approved by Department Head (if applicable)**

By: \_\_\_\_\_  
Ray Bullick, Director of Health

Date: \_\_\_\_\_

**Approved as to Form:**

By: \_\_\_\_\_  
County Counsel

Date: \_\_\_\_\_

**Approved as to Fiscal Provisions:**

By: \_\_\_\_\_  
Auditor-Controller

Date: 3-12-15

**Approved as to Liability Provisions:**

By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

**Name of Licensee & Contact Information:**

County of Monterey on behalf of the Monterey County Department  
Maternal Child Adolescent Health Programs  
Janine Woods, Sup. PHN  
1270 Natividad Road  
Salinas, CA 93906  
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Fax: 831-757-9586  
Email: woodsj2@co.monterey.ca.us

**For NTI Upstream:**

By: \_\_\_\_\_  
Ira J. Chasnoff, MD

Date: \_\_\_\_\_

Please return this contract to:  
*NTI Upstream*  
ATTN: Walter Pophin, Accounting Department  
1055 W Bryn Mawr, Suite F-267  
Chicago, IL 60660