



## **2016 Coordinator Compensation Plan**

1. The Coordinator Compensation Plan pertains to only one primary coordinator. Coordinator fees will not be split between two or more people.
2. Coordinators are gifted a full scholarship to the Healing Touch for Animals® Course that they coordinate.
3. Coordinators are generously compensated for their efforts. Below is the compensation schedule:

<b>HTA Course Level</b>	<b>Gross Course Tuition</b>	<b>Compensation</b>
1	\$4,999.00 or less	10%
1	\$5,000 - \$5,999	\$650
1	\$6,000 - \$6,999	\$850
1	\$7,000 - \$7,999	\$1,100
1	\$8,000 - \$8,999	\$1,400
1	\$9,000 - \$9,999	\$1,750
1	\$10,000 or more	20%
2	All Tuition	10%
3	All Tuition	10%
4	All Tuition	10%
AP	All Tuition	10%

4. Registrants who transfer from one course to another will be included in the course the registrant attends.
5. Coordinators are not compensated for registrants presenting scholarships or gift certificates.
6. A W-9 form must be completed and signed by the coordinator. The coordinator will receive a 1099 at the end of the calendar year for tax purposes.
7. Permissible expenses paid by the Coordinator prior to a course will be reimbursed after the course.
8. All receipts must be provided and paperwork must be properly completed, showing each expense.
9. Coordinator **and** Instructor compensation and reimbursable expenses are paid within two weeks after all HTA administrative forms and receipts are correctly received from the instructor and coordinator.
10. The advertising expense allowance is \$300 for Level 1. Any increases in this allowance require prior permission from the HTA office. There is no advertising reimbursement for Levels 2, 3, 4 and Advanced Proficiency.
11. Coordinators are compensated a \$60.00 flat fee for fuel per course. Fuel receipt(s) must be provided.
12. Coordinators are compensated a \$20.00 flat fee for office supplies for Level 1 courses and a \$10.00 flat fee for Levels 2-AP. Office supply receipts are not required.
13. In the unlikely event a course is cancelled, Coordinators are not compensated; however, permissible expenses incurred will be reimbursed.



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**KOMITOR HEALING METHOD, INC. • HEALING TOUCH FOR ANIMALS®**

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I, \_\_\_\_\_ agree to above Coordinator Compensation Plan.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_