

**EMERITI RETIREMENT HEALTH SOLUTIONS  
SLIDE SHOW DISCLOSURE FORM**

Name of Consultant: \_\_\_\_\_  
Consulting Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

I, the Consultant named above, am requesting an electronic or hard copy of Emeriti's PowerPoint slide show entitled "Emeriti Presentation: Consultants" for the limited purpose of using the Slide Show in my own presentations to audiences which include representatives of colleges, universities, and other higher education related tax-exempt organizations ("Presentations").

As a condition of receiving the Slide Show and having the right to use it in my own Presentations, I acknowledge and agree to the following:

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2. I will provide prompt written notice by fax to Emeriti at 1-866-686-6565 of the list of institutions in which I intend to use the Slide Show.
3. If an institution expresses interest in the Emeriti Program or would like to learn more about Emeriti, I will contact Emeriti to set up a meeting or a conference call.
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**PLEASE SIGN AND RETURN THIS FORM TO EMERITI RETIREMENT HEALTH SOLUTIONS, FAX NUMBER 866-686-6565**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date