GOD14 License Agreement

PARTIES

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Address of Licensee Organization		
Name of recovery center where GOD14® program is to be used	Phone Number	E-mail
Physical address of recovery center/program where GOD14® program	gram is to be used if different tha	n above

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This License Agreement becomes active upon payment of the **License Agreement fee of \$399** along with obtaining of official signatures as set forth below. This Licensed Agreement may be

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In witness whereof, each of the undersigned has approved, agreed to and executed this License Agreement between LTI and the aforementioned Licensee with official signature(s) below.

Executive Director – LTI	LTI Witness	
Date	Date	
Licensee - Official Officer Name and Title	Licensee Witness	
Date	Date	
Program representative contact information (please print):		
Name:	Phone Number:	
Mailing Address:		
Email:		

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