

**TMC Dispute Resolution Policy
Training**

Region _____
Date _____

By signing in the space provided below, I acknowledge that:

1. I received a copy of the Dispute Resolution Policy (the "Policy") before the date of this Training;
2. I attended Dispute Resolution Policy Training on the date indicated above and was given the opportunity to ask questions regarding the Policy;
3. By continuing my employment with TMC, Inc. after April 1, 2008, I have agreed to be bound by the Policy.

EMPLOYEE NAME	EMPLOYEE SIGNATURE
1.	1.
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