

Arizona Council of Human Service Providers
2008 Compensation Survey

Non-Disclosure Agreement

Name of Company _____

Name of Contact _____

Signature _____

Date _____

In connection with your participation in the Arizona Council of Human Service Providers Survey, please read the statements below regarding non-disclosure of salary information disclosed in the publication of the results of the Salary Survey conducted by the Analytical/FMI. Please sign above if you agree to treat all information contained in the publication as confidential materials and:

- 1) You agree the salary and benefits information will be used solely by you for the purpose of analyzing the market data. You further agree you, your directors, officers, employees, agents and representatives of your advisors, herein collectively referred to as "your representatives", will not disclose any of the evaluation material now or later, except as required by applicable laws or legal processes. However, any such information may be disclosed to your representatives who may need to know such information for making human resource decisions and who agree to keep such information confidential and to be bound by this agreement to the same extent as if they were parties hereto.

- 2) You recognize and acknowledge the confidential nature and competitive value of the salary material and the damage that could result to the participants if information therein is disclosed to any third party.

Include this agreement with all survey information to be returned to the Analytical/FMI.