

AGORA

Regeneration Clinics Ltd.



Providing Clients with Integrative Medicine solutions for Substance Abuse

Rationale

If you have ever thought of launching your own business, you're in good company. A number of Government agencies predict that the #1 employer in 2010 will be "Self".

We are in the process of awarding in Canada and the United Kingdom licenses to owner / operators and investor owners who open and manage a local Agora Regeneration Clinic in their area of influence.

Are You: A "take charge" individual?

Would you: Require a business in which you will represent what will become the No. 1 Brand Name in our Category?

You will: Operate independently, yet not alone, as part of a strong organization.
Control your own business plan and time schedules while working under definitive guidelines required by Agora Corporate Office.
Develop lasting relationships in the addictions treatment industry.
Promote your area as a leading member of the addictions treatment industry.
Substantially grow your net worth by building a business you own and control.

Timing: The pressure from individuals (the public) and corporations (private and public sector employees) to find a more effective and all inclusive detoxification /rehabilitation treatment protocol has never been higher.

There is a universal demand for a more effective and successful recovery rates, which currently have hovered at less than 20%. AGORA treatment and recovery protocols have a highly successful rate that far exceeds the industry average which will help translate into increased businesses. AGORA has a licensed proprietary treatment and recovery program that has not been available to the general public until now in Canada or the United Kingdom.

If your resume indicates a strong marketing and management background, a genuine concern to improve the welfare of your clients - and, possibly, the additional traits of an entrepreneur, we would like to speak with you now if you are ready to take ownership of your future.

In addition to a sound business background, the Agora opportunity requires effective communication skills, knowledge of your community and the ability to work independently. A significant investment is also required for a local licence and working capital to establish market and operate an Agora Regeneration Clinic.

There a tremendous business opportunity for Agora Regeneration Clinics to provide Clients with Integrative Medicine solutions for Substance Abuse.

License Fee and Initial Setup Investment

The licensing fee depends on the type of clinic used for the license - a stand-alone or an existing medical practice incorporating the Agora Protocol.

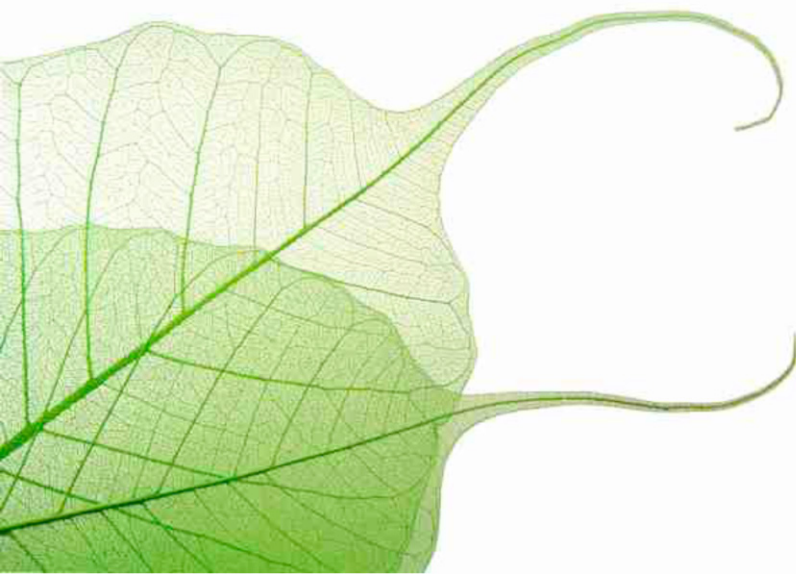
Licensed Location Operating Highlights:

- Gross income potential based on just 4 patients per month is \$672,000 annually.
- The majority of monthly operating costs are covered after the first four patients, therefore profits increase dramatically for each additional patient.
- The recommended AGORA fee schedule will be initiated at \$14,000 Canadian for the exclusive 10 day outpatient treatment protocol (longer period outpatient treatment protocols may also be utilised).
- The recommended Agora fee schedule will be \$18,000 for a 15 day residential treatment protocol, increasing revenue to \$864,000 annually with only four patients a month. These numbers can be easily achieved, and increased as the facilities allow.
- A detailed Agora license business plan is available to potential licensees who have reached the third stage of Licensee qualification.

Licensee Foundation Statement

The operating foundation of AGORA Regeneration Clinics Ltd. is built on the principles of 'Ethical Leadership' and 'Business for Social Responsibility'.

AGORA, its clinics and its License partners will advocate and contribute to the advancement of health, creativity, and ingenuity by embracing the needs of clients, patients, and staff with passion, spirit, harmony, and the commitment to create solutions with a profitable framework.



License Partner Program Confidential Questionnaire

To determine mutual compatibility and financial responsibility, we ask you to fill out this form. The information supplied by you will be held in the strictest confidence by Agora. The submission of this form does not constitute an agreement by either party and is purely for information purposes. Thank you very much.

Personal Information:

Date: ____ / ____ / 20____

Name or Names (If more than one principal): _____

Home Address: _____

Home Phone number: _____

Office: _____

Best time to reach by telephone: _____

Date of birth: _____ Marital Status: _____ No. of Dependents: _____

Spouse's Name and Occupation: _____

Education (Highest level attained): _____

Employment during last 10 Years (an attached resume is preferred):

Company	Position	From	To	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you any other ongoing business interests? _____ If YES please detail.

In a brief statement, describe how you feel that your potential ownership of an Agora Clinic will contribute to the advancement of health, creativity and ingenuity for the needs of your clients, patients and your staff.

General Information:

How did you become interested in our license?

If you were to proceed, when would you be in a position to do so? _____

Geographically, what are your area(s) of interest?

1. _____

2. _____

Should you have a particular location in mind (although not a requirement at this stage as Agora will need to approve any location), please attach brief details.

Declaration:

I CERTIFY THAT THE INFORMATION PROVIDED HERewith IS TRUE, TO THE BEST OF MY KNOWLEDGE.

I hereby authorise investigation by Agora (including the preparation of credit reports) of all my statements contained herein, and the financial information disclosed herein, and release all parties from all liability for any damage that may result from furnishing any information to you.

Signature: _____

Date: ____ / ____ / 20____

Please Print Name: _____

License Process: Straight Forward Step-By-Step

We have made the license development process as straight forward as possible. Our step by step guideline was developed to let you, a potential licensee, know what is required of yourself and what you can expect from us at Agora Regeneration Clinics.

1. We receive your completed Application/Questionnaire. Agora will confirm the information you have provided.
2. This will be reviewed in addition to other notes compiled from either an initial telephone or face-to-face meeting with our License Director.
3. We receive your completed Confidentiality / Non-disclosure agreements, which at this time you will date and sign and return to Agora.
4. We will notify you in writing when you have been either approved or disapproved for your candidacy to become a AGORA licensee. If approved, you will receive an Offer to Enter into a License Agreement which requires you to review, sign and send back to us.
5. You will meet with Maggie Gold, founder and CEO of Agora in Vancouver, British Columbia, to further establish a comfort level for both yourself and for AGORA Regeneration Clinics
6. You will receive a Single Unit License Agreement in compliance with provincial regulations that is your official legal document which you should review in consultation with a License Lawyer. You shall have 14 days to review this document, after which time the agreement is to be signed and returned along with your deposit. Remainder of license fee will be remitted in monthly installments, to be agreed upon.
7. You should start at this time to begin the process of acquiring financing for the physical built-out of your clinic. Financing either through your own resources, a source suggested by AGORA Regeneration Clinics or through alternative financing programs should involve no more than 60 / 40 ratio of debt to equity to ensure the success of the business.
8. At this time depending on the timing to open your business, a site location will be chosen. AGORA Regeneration Clinics will work with you to select an appropriate location that meets your and AGORA's criteria. Agora does allow its licensees the option of owning the actual real estate where their clinic is to be established.
9. AGORA Regeneration Clinics will work with you to negotiate the terms and conditions of the lease, sub-lease or real estate purchase contract for the proposed site.
10. Upon approval of the selected location, AGORA Regeneration Clinics will then develop floor layout plans and a location budget depending on whether it is a re-model situation or a new build-out (this applies only to leased space).
11. At this time you should have all your necessary financing. /capital in place.
12. While construction occurs, planning your Opening event will occur during this period.
13. The construction/inventory ordering/staff hiring progress will be monitored and a Clinic Opening date selected.
14. AGORA Regeneration Clinics 2 week training period combines training IN YOUR LOCATION for 5 Business days and for 7 calendar days prior to your opening in AGORA Regeneration Clinics corporate Head Office and may involve site visits to existing AGORA Regeneration Clinics – it is a very hands-on training with AGORA Regeneration Clinics working side-by-side with you. All costs associated with the Licensee attending the training program are the Licensee's responsibility.

Financial Information:

(For Stand-Alone Clinics only)

Please give a general indication of your financial resources:

Assets	Value	Liabilities	Total Owing
Cash on Hand	\$	Credit cards	\$
Personal Real Estate	\$	Personal Mortgage	\$
Real Estate investments	\$	Other Mortgages	\$
Stocks and bonds	\$	Loans balances	\$
Other investments	\$	Other obligations	\$
Total Assets	\$	Total	\$
		Net worth Assets less Liabilities	\$

Capital from other sources which would not require security: _____
(Loan from family, business partner etc)

Estimated Financing required: _____

Do you currently have a source of financing? _____ If YES what is it?

How much do you require to meet your total monthly obligations?

Most Lenders require some form of security; if you need to organize any borrowing how would you secure a loan?

Bankers Name: _____

Bankers Address: _____ Tel: _____

Account Name: _____ Account Number: _____

Person to contact at Bank: _____

List two personal or business creditors:

Name

Address

Occupation
