*1/3/21*

We are delighted to work with you on setting up the training. Please fill out this planning form or forward it to anyone in your organization who handles these details.

**Our Contact Information**

✧ [training@treatment-innovations.org](mailto:training@treatment-innovations.org) (this gets the quickest response) or(617) 299-1640

✧ Address for hard copy paperwork, etc.: *Treatment Innovations, 28 Westbourne Rd., Newton Centre, MA 02459.*

✧Web: [www.treatment-innovations.org](http://www.treatment-innovations.org) and[www.seekingsafety.org](http://www.seekingsafety.org)

This form serves as an agreement between Treatment Innovations and your organization. If your agency has an additional contract or other paperwork, please send that to us. After the trainer has booked air and travel based on the information you provide in this form, you are responsible for those costs.

**This form is needed at least 6 weeks before the training) -- the trainer can't book travel until this is sent back**

**A. TRAINING INFORMATION**

1. Date(s) of the Training \_\_\_\_\_\_\_

2. Start and End Time(s) \_\_\_\_\_\_\_ **Be sure to list your time zone.**

The typical training is 9a-4p but there is flexibility on start/end timing. On the day of the training you can let the trainer know your preferred lunch, morning, and afternoon break times.

3. How many people will be attending? \_\_\_\_\_\_\_.

4. Training Location

Is the training being held at the hotel where the trainer will be staying? \_\_\_ Yes \_\_\_ No. If not, please list the full address of the training site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and directions (if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please provide a name and cell phone number in case of problems (including after-hours, such as for flight delays etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. TRAVEL AND FINANCIAL INFORMATION**

***Please do not discuss fees with the trainer nor send any contract to the trainer.*** Our system is centralized and the

trainer is hired by Treatment Innovations.

Please check each box that applies:

1.  The **speaker fee** for the training is $\_\_\_\_\_\_\_\_\_.  The fee is listed in per our prior communications. If you are unclear on the speaker fee, list “unclear” and we can go over it by email with you.

2.   **Hotel** (if you are paying for the hotel directly, initial here: \_\_\_\_)

Hotel name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hotel address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will you make the hotel reservation?\* \_\_\_ Yes  \_\_\_ No.  If yes, please list confirmation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_, dates booked \_\_\_\_\_\_\_\_\_

Note: we suggest that you book a refundable hotel in case of cancelation.

3.   **Airfare** Please note that the trainer will not book air until this form is sent back. As fares generally go up, send this back as soon as you can.

* List the airport to fly into: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Should the trainer book the air travel? (This is preferred.) \_\_\_ Yes \_\_\_ No. The trainer will book the lowest coach rate but with the least number of connections. A direct flight will be booked if available; also, no “red-eye” overnight flights. If you need the air reservation by a certain date, note that here: \_\_\_\_\_\_\_. If you will be booking air travel, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Agreement on air travel. If you cancel the training after the trainer has booked the air travel, we will need to bill you for it but you can try to reuse the ticket if the airline allows that. Initial here to confirm this: \_\_\_\_\_.

4.   **Ground transport in trainer’s home city.** This is checked off because the trainer needs to travel from home to/from the airport, if air travel is involved. If there is no air travel, uncheck it. Also if there are any specifications you require, add them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5.   **Ground transport in your location**

* Ground transport in your location. Identify what type of ground transport the trainer can use (as many as possible): \_\_ Uber / Lyft \_\_ taxis \_\_ car rental, or if you will be transporting the trainer, provide details here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* How much time, approximately, does it take to get from the airport to the hotel? \_\_\_\_\_\_\_
* How much time, approximately, does it take to get from the hotel to the training location? \_\_\_\_\_\_\_

6.    **Meals**. Do you want receipts submitted \_\_\_\_ or prefer a per diem rate \_\_\_\_.

List details if any (e.g., maximum per breakfast, lunch, dinner; per diem rate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If nothing is filled in we will assume a $65 per diem per full day onsite and $55 per travel-only day (comparable to standard per diem rates in most places). When using a per diem rate the trainer will reduce it if any meals are provided by you. For partial travel days they will use a partial per diem; e.g., if they are arriving the evening before a training and it’s a short flight they would bill for dinner only for that travel day. We assume the following as the breakdown for the travel day in such cases: breakfast $10, lunch $15, dinner $30.

7.   **Other possible fees**

* \_\_   **Mileage / tolls / parking** if the trainer is local and is driving to the training location.
* \_\_   **Airline baggage fees** only if the trip is 4 days or more including travel days and onsite days. Please check here to verify: \_\_\_ yes \_\_\_ no \_\_\_ not applicable (trip is 3 days or less).

8.  **Other travel information you want the trainer to know:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. AGREEMENTS**

1. **No recording** is allowed of any training provided by us, using any format (video, audio, etc.). Please initial here to confirm this:  \_\_\_\_

*Note that a professionally-produced set of training* [*Seeking Safety training videos*](http://www.treatment-innovations.org/store/p53/Set_of_all_4_Seeking_Safety_Training_DVDs_%284.5_hours%29.html) *are available and there is also a* [*Teaching Guide*](http://www.treatment-innovations.org/store/p35/Teaching_Guide_to_Introduce_Seeking_Safety_to_Your_Agency.html) *if desired.*

2. **Charging attendees**

Most entities host a training on a non-profit basis to train their internal staff only and do not charge anyone to attend. If you want to charge anyone or have outside attendees who do not work at your agency you need to negotiate an advance written agreement with Treatment Innovations regarding the terms of such a training. Please check **one** box below (even if you already confirmed this on a prior email):

a. \_\_\_ This training is only for our internal staff; no one will be charged; and the training will not be advertised or posted publicly.

**OR**

b. \_\_\_ My entity already has a written agreement with Treatment Innovations regarding terms for charging individuals and/or other entities to attend the training.

**OR**

c. \_\_\_ My entity would like to negotiate a written agreement with Treatment Innovations for charging individuals and/or other entities to attend the training and agrees that the training is not confirmed until such an agreement is in place (which must occur at least 6 weeks prior to the training).

3. **Cancelation**

If you cancel the training less than three weeks prior to the scheduled date we would appreciate a cancellation fee of $100 due to the time, effort, and inability to rebook that date (but this is not a requirement). *Is this acceptable?* \_\_\_ yes \_\_\_ no

**D. MATERIALS**

1.   **Handouts** (**required**). The specific [handouts](https://www.treatment-innovations.org/trg-handouts.html) will depend on the length of the training and whether or not attendees have the book or not. Be sure to provide the handouts (or links to them) to your attendees in advance as the training exercises require them to use the some handouts.

Note: for a webinar, our PowerPoint slides are not available for distribution. Our handouts provide all that is needed (key content and material for the training exercises).

2.  **Optional materials** (how to locate, if you want these):

* Training title, agenda, objectives (optional). These can be [downloaded](https://www.treatment-innovations.org/many-topics-we-train-on.html). Please use one of the titles listed; if you want to use some other title, just email us to confirm it.
* Speaker resume / bio (optional). See [About Us](https://www.treatment-innovations.org/about-us.html) on our website (click the trainer’s name for the resume; the bio can be copied as well).
* CEUs can be provided by us, if desired, for a fee. See our [information on CEUs](https://www.treatment-innovations.org/ceu-info.html).

2.   **Books (information)**

* To conduct Seeking Safety each counselor needs one book (they can't be shared, per the publisher, who owns the copyright). However the book is not required for the training day as handouts can be used instead. See our [information about the Seeking Safety book](https://www.treatment-innovations.org/books.html), which includes formats (paperback and e-book), etc. See also the [translations](https://www.treatment-innovations.org/ss-translations.html) available.
* If you choose to provide all attendees with the book for the training, a shorter version of the handouts can be used for the training. If you plan to do this, please mark that here:  \_\_\_. If only some attendees will have the book, please ensure that everyone has the handouts as the trainer will then refer to those during the training.
* Note: if your entity is billing the Los Angeles County Dept. of Mental Health for Seeking Safety services, the County requires each provider to have the book with them during the training, so it would need to be ordered ahead.

**E. INVOICING**

1. We typically invoice within 6 weeks of the training date; and for phone consultations, at the end of the project. If some other timeframe is needed, please list that here (but for phone, not more often than quarterly):\_\_\_\_\_.

2. Do you have a specific travel expense form that is needed? \_\_\_ yes \_\_\_ no. If not, we will submit travel expenses on the invoice.

3. If you plan to pay electronicallly (not a physical check), mark here and we will send instructions: \_\_\_\_.

4. If you will be sending a check drawn on a non-U.S. bank, or sending a Wire, we need to bill you the bank’s $30 fee for this. Note: an ACH does not incur this cost. Mark here to confirm if this fee \_\_\_\_ applies to you \_\_\_\_ does not apply or you are \_\_\_\_ unsure if it applies.

5. Treatment Innovations’ tax ID is 04-3436285. This is an IRS tax ID for business (EIN). You can download our our completed W9 form from the [vendor information](https://www.treatment-innovations.org/vendor-information.html) on our website.

      .

**F. AFTER THE TRAINING**

We welcome your feedback via our [Training Feedback Form (google form)](https://forms.gle/P8L4t5LWA6jBmy9J9) or you can contact Jamie Miller, our training coordinator at coordinator@treatment-innovations.org or 617-299-1610 [text or call]. If you would like to schedule any future training please contact [training@treatment-innovations.org](mailto:training@treatment-innovations.org).

Thank you!