*8/23/21*

We are delighted to work with you on setting up the training. Thanks for all that you are doing!

Please fill out this Planning Form or forward it to anyone in your organization who handles these details. There are two parts:

★ Part 1 needs to be completed now (the trainer can’t book travel until Part 1 is completed)

★ Part 2 can be done now or later (we will put you in touch with the trainer once Part 2 is completed).

Please answer each question (type *n/a* if not applicable) and e-mail it to training@treatment-innovations.org per the timeframe listed for each part.

**Our contact information**

⯎ training@treatment-innovations.org (this gets the quickest response) or(617) 299-1640

⯎ Address for hard copy paperwork: *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, you are welcome to send that to us.*
* *After the trainer books air and travel based on the information you provide in this form, please note that you are responsible for those.*
* *Please note that you cannot charge people to attend the training unless you have an existing written agreement with Treatment Innovations. If you want to create a written agreement, contact* *training@treatment-innovations.org.* *Thanks!*

**PART 1 – Priority aspects (needed at least 4-6 weeks before the training)**

The trainer can’t book travel until this Part 1 is completed

**I. TRAINING INFORMATION**

a) Date(s) of the Training \_\_\_\_\_\_\_

b) 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.

c) How many people will be attending? \_\_\_\_\_\_

**II. TRAVEL**

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

\*Please book a refundable hotel in case of cancelation.

b) 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Transportation 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.

 i. List the airport to fly into: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 ii. 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 do not want the trainer to book air travel, specify how you would like it done: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 iii. Agreement on air travel. If you cancel the training after the trainer has booked the air travel, we will need to bill you for that but you can reuse the ticket if you choose to. Initial here to indicate that you are aware of this:\_\_\_\_\_.

 iv. How much time does it take to get from the training location to the airport? \_\_\_\_\_\_\_

 v. Ground transport in your location. If you will be providing any ground transport provide details here \_\_\_\_\_\_. If not, identify what type of ground transport the trainer can use (as many as possible): \_\_\_ Uber / Lyft \_\_\_ taxis \_\_\_ car rental.

 vi. Please provide a cell phone number in case of problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 viii. Any other travel info? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. FINANCIAL INFORMATION**

***Please do not discuss fees with the trainer nor send any contract to the trainer.*** Only Treatment Innovations can

commit to or be privy to financial arrangements; the trainer works for Treatment Innovations.

a) The speaker fee for the training will be: \_\_\_\_\_\_\_\_\_\_.  The fee is listed in our [Fact Sheet on Training](https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/1-21_for_2021_fact_sheet_on_training.docx) (section 6) for an associate or if Lisa Najavits is the trainer, the fee is higher as per prior emails with you. If you are unclear on the speaker fee, list “unclear” and we can go over it by email with you.

b) The following travel expenses will be reimbursed (please check all that apply):

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

\_\_\_\_  **Airfare**

\_X\_  **Ground transport in trainer’s home city.** If there is air travel this is required for the trainer to go to/from the airport.

\_\_\_\_  **Ground transport in your location** as identified earlier in part 2, question c.

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

 List details here 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.

\_\_\_\_   **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).

**V. AGREEMENT ON 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. In that case, there is no limit on the number of your staff who attend. If you want to charge anyone or have outside attendees who do not work at your agency you need to negotiate a written agreement in advance with Treatment Innovations regarding the terms of such a training. Please check **one** box below:

1. \_\_\_\_\_ My entity is having this training only for internal staff; no one will be charged; and the training will not be advertised or posted publicly.

**OR**

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

**OR**

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

**VI. VIDEO/AUDIO TAPING**

Please note that *no taping is allowed of any training* *provided by us, including webinars,* using any format (video, audio, etc.). However a professionally-produced set of training [Seeking Safety training DVDs](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) to accompany those if desired. These can aid sustainability, such as to help engage new staff in the future. Please indicate here that “I agree that there will be no taping (audio, video, or any other format) of the training:”   ☐

**VII. Cancellation**

If you cancel the training less than three weeks prior to the scheduled date we would appreciated a nominal cancellation speaker 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

**VIII. BOOKS ON SITE**

Participants often appreciate the opportunity to obtain books related to the training. Books are available as [paperback](https://www.treatment-innovations.org/store/p2/Seeking_Safety_book_-_paperback.html) or [e-book](https://www.treatment-innovations.org/store/p260/SS_ebook.html) and can be ordered from [Treatment Innovations](https://www.treatment-innovations.org/store/c4/All_Seeking_Safety_items.html) or from [amazon.com](https://www.amazon.com/gp/product/1572306394?ie=UTF8&tag=seekingsafety-20&linkCode=as2&camp=1789&creative=9325&creativeASIN=1572306394). Books are not required at the training but any participant who wants to conduct Seeking Safety will need a book after the training.

**PART 2, secondary aspects (due at least 1-3 weeks before the training date)**

We will put you in touch with the trainer once this Part 2 is completed.

**AUDIOVISUAL EQUIPMENT**

***Please test all audiovisual equipment in advance.*** Below is the typical list of what is needed but your trainer will be in touch with you prior to the training and you can verify all A/V needs directly.

DVD / audio setup for playing video clips and DVDs. This is **essential** unless the training is 1 hour or less. The trainer can play them from a laptop linked to an LCD projector but you would still need a way to project sound loud enough for the entire audience to hear. *Please test that your that your system is loud enough for the entire room. The trainer does not bring sound system materials nor will be able to solve audio problems onsite.*

LCD projector is **essential.**

Microphone is **essential** unless it’s a small room and a small group. The type of microphone is up to you (handheld or lavalier). For a very large audience, it helps to have an extra handheld microphone that can be passed to audience members for questions during the training.

Extra computer: the trainer will bring a computer but it’s good to have your own computer on hand in case of technical problems.

**II. HANDOUTS / OBJECTIVES / CEUS**

☐  Handouts (**essential**).  The specific [handouts](https://www.treatment-innovations.org/dtrg-handouts.html) will depend on the length of the training; all are provided on our website. Be sure to photocopy the handouts as the trainer does not bring them. If you have “gone green” and are planning a conference CD or flashdrive instead of hard copy handouts, please ensure that attendees know to print them in advance as some training exercises require them to fill out some handouts.

 *Please note:*

 a. The Seeking Safety book is not required at the training; the handouts are sufficient. However if you provide the book to all attendees, you can use a [shortened version](https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/basic-handouts_1-2017_wo_pcl-shortest_version.pdf) of the handouts. Regardless of whether attendees have the book at the training, please note that each counselor who will conduct Seeking Safety after the training would need her/his own book, which can be ordered via our website [Store](http://www.treatment-innovations.org/store/p2/Seeking_Safety_book_-_English_language.html) or from [amazon.com](http://www.amazon.com/gp/product/1572306394?ie=UTF8&tag=seekingsafety-20&linkCode=as2&camp=1789&creative=9325&creativeASIN=1572306394). The book is also available in various translations, including Spanish, from our Store.

 b. The PowerPoint slides are not part of the handouts but can be requested. Our handouts summarize key content and provide training exercises. You can optionally include a version of the slides as a handout to distribute as a hard copy at the workshop. Email us *before* the training if you want that. The slides can only be reproduced as a hard copy to attendees at your training; they cannot be put on a conference CD, posted to a website, emailed, or sent after the training.

☐   Training title, agenda, objectives (optional). These can be [downloaded](https://www.treatment-innovations.org/dmany-topics-we-train-on.html). Please use one of the titles listed; if you want to use some other title, just email 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 and/or certificates of attendance (optional). Please see [options](http://www.treatment-innovations.org/dceu-info.html) on our website.

**III. INVOICING**

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

b. For travel expenses it is simplest to include them in the check to Treatment Innovations and we reimburse the trainer. If this is acceptable, check here: \_\_\_\_. If you prefer to reimburse the trainer directly for travel, check here: \_\_\_\_ For tax reasons, the speaker fee cannot be made out to the trainer; it must be made out and sent to Treatment Innovations (do not give the trainer the check).

c. If you have a travel expense form that you need completed check here: \_\_\_.  If *yes*, please be sure to email that form to us or hand it to the trainer at the training directly. If it is not received by end of the training we will send all travel expenses on our standard invoice.

d. If you plan on paying by Electronic Funds Transfer (EFT), please initial here so we know to check for that: \_\_\_\_.

e. Receipts-- please check one

* A scanned copy is acceptable \_\_\_\_\_
* No receipts are needed \_\_\_\_\_
* A hard copy is needed \_\_\_\_\_ If so, list the name /address to send it to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Treatment Innovations’ tax ID is 04-3436285. This is an IRS tax ID for business (EIN). You can download our [our completed W9 form](http://www.treatment-innovations.org/uploads/2/5/5/5/25555853/w9march2015.pdf). We also have other [vendor information](https://www.treatment-innovations.org/vendor-information.html) on our website that may be helpful to you.

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**AFTER THE TRAINING**

We welcome your honest feedback. Our goal is to keep improving the training. Also if you would like to schedule any future trainings please contact training@treatment-innovations.org.

Thank you!