**TIME SENSITIVE: Travel and financial information needed for the training. Please return within a week if possible, or at least 2 months before the training.**

We are delighted to work with you on setting up the training. The next step is for us to get the basic travel/financial information confirmed so that the trainer can begin to book air (if needed), etc. ***If you send it back fully completed at least 2 months before the training you will receive a free Seeking Safety book!***

* Please fill out ALL the fields with a yellow background color. If you the field does not apply to you, please fill out *“n/a”*.
* Please note: The trainer is hired by Treatment Innovations; thus, please do not discuss fees with the trainer, nor send any contract to the trainer.
* This email serves as an initial agreement between Treatment Innovations and your organization. Please note that once the trainer has booked air and travel based on the information you provide here, you will be responsible for those costs. Also, this initial agreement assumes that you will not be charging people to attend the training unless you have an existing written agreement with Treatment Innovations allowing for that. If you are looking to create such a written agreement, please contact coordinator@treatment-innovations.org.  We are also happy to review and fill out any contract required by your agency.

**I. TRAINING INFORMATION**

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

b) Start and End Time(s) \_\_\_\_\_\_  The typical training is 9a-4p (and on the day of the training you can let the trainer know your preferred lunch, morning, and afternoon break times). But there is flexibility on start/end timing as well. Whatever the start time is the trainer will arrive ahead to set up, etc.

**II. TRAVEL**

a) **Hotel** name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hotel address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you make the reservation for the hotel? \_\_\_ Yes  \_\_\_ No.  If yes, please list confirmation number for the reservation: \_\_\_\_\_  and dates booked:      . Is the hotel prepaid by you? \_\_\_ Yes \_\_\_ No. (If not, the trainer will submit the receipt to you.)

b) Training Location

Check here if the training is held at the hotel where the trainer will be staying. If not, please

list the full address of the training site : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions to the training site (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Transportation

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

Should the trainer book his/her own air travel? (This is preferred.) \_\_\_ Yes \_\_\_ No. The trainer will

book the lowest coach rate, but with the least number of connections (i.e., a direct flight will be booked

if available; also, no “red-eye” overnight flights). If you need air reservations by a certain date, note

that here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     .

If for any reason you cancel the training after the trainer has booked the air travel, we will need to bill

you for that (and you can choose to reuse the ticket if you choose to); initial here to indicate that you

are aware of this:\_\_\_\_\_\_\_.

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

Please list the airport to fly into:\_\_\_\_\_\_. How much time does it take to get to the airport from the training

location (so as to allow enough time)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you will be transporting the trainer from the airport or from the hotel to the training, please list the

time \_\_\_\_\_\_\_\_, transportation provided by \_\_\_\_\_\_\_\_\_  and other details \_\_\_\_\_\_\_\_\_\_

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

Car rental info (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      and/or other info:

phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. FINANCIAL INFORMATION**

a) The speaker fee for the training will be: \_\_\_\_\_\_\_\_\_\_.  Please note the speaker fee is listed on our [Fact Sheet on Training](http://www.treatment-innovations.org/uploads/2/5/5/5/25555853/2017_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, please list above “unclear” and then we can go over it by email with you.

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

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

\_\_\_\_  **Airfare**

\_\_\_\_  **Ground transport in trainer’s home city.** This would be taxis (from home to/from airport) or mileage (if the trainer is driving to/from the airport). Note: this is required.

\_\_\_\_  **Ground transport in your location.** Taxis (e.g.,from airport to hotel) AND/OR car rental plus gas and tolls AND/OR any ground transport that you are providing directly such as picking the trainer up from the airport. Please provide any info here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_   **Meals**. Also for meals, do you want receipts submitted \_\_\_\_ or prefer a per diem rate \_\_\_\_ . List details here if needed (maximum per breakfast, lunch, dinner, per diem rate, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If nothing is filled in regarding meals, we will assume a $55 per diem per full day onsite and $45 per

travel-only day (comparable to standard per diem rates in most places). Please note that when using a per diem rate, the trainer will reduce each per diem if any meals are provided by you. Also 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 $8, lunch $12, dinner $25.

\_\_\_\_   **Mileage / tolls / parking** (when the trainer is local and is going to drive 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).

**IV. Charging of attendees and other training related details**

Thank you for sending the invoice information related to the training. The last part of setting up the training is related to cancellation, charging the attendees and any equipment needed during the training day.

**V. AGREEMENT ON CHARGING THE ATTENDEES**

 Most entities that host a training do so on a non-profit basis such as training their internal staff only, i.e., not charging anyone to attend. In that case, you can invite as many to attend as you choose; there is no limit. (or any other entity) to attend, please email info@seekingsafety.org to negotiate an arrangement with Treatment Innovations regarding the terms of such a training. We are happy to work with you to set something up that allows you to charge others, but this would need to be worked out in advance with a written agreement.

 Please check just one box below to indicate your arrangement:

1, My entity, \_\_\_\_\_\_ is conducting this as a closed training only for internal staff. There will be no charge for my staff to attend. It will not be advertised or posted publicly. ☐

 OR

2. My entity, \_\_\_\_\_\_ already has a written agreement in place with Treatment Innovations regarding terms negotiated 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 terms negotiated for 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 help with sustainability (such as to help train 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, it would be appreciated if you would pay a nominal cancellation speaker fee of $100, due to the time, effort, and inability to rebook that date (but please know that this it 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.

 a) Do you want fliers/information sent for the book *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*?☐ Yes        ☐ No

 b)   You can receive a FREE COPY OF THE SEEKING SAFETY BOOK if you return this form, fully completed, by the due date (at least 2 months prior to the training). Do you want a *free sample copy* of the *Seeking Safety* book sent to you? ☐ Yes        ☐ No

          If yes, to whom should the free book and fliers be sent?

 Name:

 Address:

 Phone:

 Email:

Thank you for all your work on setting up the Seeking Safety training!

**Additional information related to the training. Please email back as soon as possible, but no later than one month before the training.**

Thank you for sending the financial and travel information. And now, the last set of questions!

Please fill out the information below regarding invoicing and **please send it to me within a week or at least one month before the training**. We will put you in touch with the trainer once you send back this email (if you haven’t already been put in touch with the trainer).

**I. AUDIOVISUAL EQUIPMENT**

   **Please test all audiovisual equipment in advance**

☐  DVD / audio setup. The trainer will be playing video clips and some DVDs. This is **essential** unless the training is very brief (1 hour or less). The trainer can play them from a laptop linked to an LCD projector, for example, but you would still also need a way to project sound loud enough for the entire audience to hear. **Important:** *please test that your that your system projects sound loud enough for the entire room.  For example, a computer/LCD system can play DVDs, but requires external speakers or an audio system for projection. Be sure to obtain whatever is needed in advance and verify the sound level. Sorry, but the trainer does not bring sound system materials nor will be able to solve audio problems onsite.*

☐  LCD projector (for PowerPoint presentation); this is **essential.** The trainer will bring a computer;

   however, it’s good to have your own computer on hand in case of technical problems.

☐  Microphone (**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.

**II. HANDOUTS / OBJECTIVES / CEUS**

☐  Handouts (**essential**).  The specific handouts will depend on the length of the training; all are provided on our website for download from the section Training, then Training  Materials.

*Notes:*

1. The Seeking Safety book is not required at the training; the handouts are sufficient. However, if you choose to provide the Seeking Safety book to all attendees, then the handouts can be cut down substantially.(you can omit pages 5-12 from the Basic Handouts and also omit the Asking for Help handout). Also whether or not you have the book available at the training, please note that each counselor who will be conducting 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.
2. You would need to photocopy the handouts for the attendees (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 note that attendees would need to be able to view them during the training as the training exercises require filling out / viewing various of the handouts. Also, you can include the handouts on a conference CD or flashdrive, but they cannot be posted to a website as they include copyrighted materials. For a conference website, please list a link to [www.seekingsafety.org](http://www.seekingsafety.org) / training / training materials and state that materials can be downloaded from there.
3. The PowerPoint slides are not part of the handouts. Our regular handouts summarize key content and are used for the exercises during the training. If desired, you can optionally include a version of the slides as a handout to distribute as a hard copy at the workshop. (Email us if you want that.) The slides can only be reproduced as a hard copy to attendees at your training (e.g., they cannot be put on a conference CD nor posted to a website).

☐   Description of the training-- title, agenda, objectives (optional). If you want these, they can also be downloaded from our website, section Training / materials. Please do use of the titles listed; if you want to use some other title, please email us to confirm it.

☐   Speaker resume / bio (optional). This is on our website, section About Us (click the trainer’s name for the resume; the bio can be copied as well).

☐   CEUs (optional). Please see the [options for CEUs](http://www.treatment-innovations.org/dceu-info.html) on our website.

**III. INVOICING**

1. Is there a deadline that you need the invoice by? \_\_\_\_
2. For the trainer’s travel expenses, it is simplest to include them in the check to Treatment Innovations, and we will reimburse the trainer. If this is acceptable, please check here: \_\_\_\_. If you prefer to reimburse the trainer directly for travel expenses, 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 (please do not give the trainer the check).
3. Is there a special travel expense form that you need completed? \_\_\_Yes   \_\_\_\_ No

            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 the time the training is completed, we will send all travel expenses on our

            standard invoice form. Please know we want to be helpful, but are not able to spend time trying to

            obtain the form nor to fill out the information multiple times due to not receiving the correct form.

1. Timing: we typically invoice after a training, once travel is completed. For phone consultations, we typically invoice at the end of the project; but other timeframes are possible (please note we do not invoice more frequently than quarterly). Please list any details here regarding invoicing that you would like us to follow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. 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).
3. Do you need original receipts for travel expenses? \_\_\_ Yes  \_\_\_ No

    If you checked yes: (i) to whom \_\_\_\_\_\_\_ and what address should the travel expenses be sent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

    If you checked no, we will email a scanned copy of the receipts. What email address should we send it to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FUTURE TRAININGS**

If you would like to schedule any future trainings please contact **training@seekingsafety.org.**

Thank you for all your work on setting up the training!