**Zones of Regulation® Workshop Request Form**

Thank you for your interest in hosting/sponsoring a Zones training. Please take the time to fill out the information below so we can best figure out how to meet your needs and coordinate the workshop into our schedules. My office manager, Molly Schock will get back to you within 3 weeks once the information is received. Thank you once again and it is always an honor to be invited to speak for a group. As you are preparing this information, please make note of the following:

* We typically are booking **6-8+ months** in advancefrom this request. We may be able to accommodate your request on shorter notice if there is the possibility to add a workshop onto an existing trip if it isn’t a conflict of interest with another workshop we are giving in the area.
* Given limited availability, workshops open to outside registrants/public as well as larger audiences (150+) are given priority when scheduling
* Please refer to the **Training Schedule** on our website <http://www.zonesofregulation.com/trainings.html> to make sure that we are not already giving a workshop in your general geographical region within ***6 months*** of your requested workshop date(s). This is to maximize attendance for those who have already committed to sponsoring a workshop. Many workshops are not listed given they are not open to the public or have yet to organize registration information.
* If there is a local workshop in the area already scheduled, we encourage teams to attend those presentations when possible.

**WHO AND WHERE**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed workshop location/vicinity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the travel logistics to access this location (airport, distance from airport, best mode of transportation, recommendations for lodging if known)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person (if different from above):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORKSHOP/TRAINING DETAILS**

Full day workshop/training days are designed for 5 ½- 6 hours of actual presentation time, not including lunch and breaks. If you are requesting additional speaking time, please indicate here\_\_\_ and note there will be an additional charge of $500/hour.

**Please mark all trainings you are interested in possibly pursuing.**

Your request:

\_\_\_\_ Full day workshop \_\_\_\_Two consecutive, full-day workshops

\_\_\_\_1/2 day intro workshop \_\_\_\_ School-wide/customized training

\_\_\_\_Web-based training \_\_\_\_Consultation ($175/Hour)

\_\_\_\_Collaborative Trainer (Terri Rossman) \_\_\_\_other

\*Advanced training only available if we have already provided a single day workshop to group and the vast majority of participants have attended a full day workshop.

Additional details:

**SPEAKING RATES:**

**USA**Workshop Rates INCLUDE all travel expenses and speaking fees\*

\_\_\_ Full day workshop with **Leah Kuypers** $6000\* that requires out of town travel

(Preferred Dates of travel: Thursday or end of week)

\_\_\_Full day workshop with collaborative trainer **Terri Rossman** $4500\* that require out of town travel (Preferred Dates of travel: Thursday, Friday, end of week)

\_\_\_Local workshop in Twin Cities of MN greater metro area $2500/full day or $460/hour

**Canada/International**Workshop Rate is for speaking fees only, all travel expenses are in addition

**­** \_\_\_Full day workshop or any smaller segment of time: $5500\*USD plus travel expenses

\*If additional days are needed for travel beyond the day before and of the event, then a charge of $500/day will be added.

**Live Webinar Workshop**

\_\_\_$3000/full day presentation

\_\_\_$500/hour for \_\_\_\_hours presenting

**REQUESTED DATE(S) OF WORKSHOP/TRAINING**

List your preferred date(s) below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are these dates flexible? If so, please provide optional months/date(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORKSHOP/TRAINING AUDIENCE (check all that apply)**

We strongly encourage that workshops include both professionals from multiple disciplines and parents (when possible) so that all attendees receive the same information, which ultimately provides a collaborative working relationship and student progress.

\_\_ Special Education Teachers \_\_SLPs \_\_ General Ed. Teachers

\_\_ Para Professionals \_\_ Behaviorists \_\_ Parents/Caregivers

\_\_ Psychologist/Social Worker \_\_ Counselors \_\_OTs

Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PT, Nurse, Admin., school personnel)

**WORKSHOP/TRAINING FOCUS**

The Zones workshop can be tailored to suit your population; otherwise examples are given across age-spans and ability levels.

Other considerations/specific populations:

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**BOOK/POSTER SALES**

Depending on the preference of the organization, book/poster sales may be available at US based workshops only. Please check all that apply.

\_\_\_\_\_Sales available on site at workshop (responsibility of Presenter)

\_\_\_\_\_Independent bookstore will be present at event

\_\_\_\_\_PO placed by organization to provide books for their staff

\_\_\_\_\_Books will be included/offered with registration fees and sold to host organization in advance at a 10% price reduction

**ATTENDANCE ESTIMATE**

There is not a cap on audience size and you are free to charge for registration. The size doesn’t impact the rate and it is preferred that you try to reach as large of an audience as possible in your vicinity. As stated above, we feel it is best when it is opened up across disciplines and outside professionals (and parents when possible) are invited to attend.

Please list anticipated audience size: \_\_\_\_\_\_\_\_\_

**SPONSORING ORGANIZATION INFORMATION**

(Please select one box that applies.)

\_\_\_Closed Workshop (audience restricted to those who work for or participate with the sponsor organization)

\_\_\_Open Workshop (open to the public and attendees will pay a registration fee to host)

\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a mandatory Professional Development day for staff? \_\_\_\_ Yes \_\_\_\_ No

Please select the one item below that best describes your organization:

\_\_\_School District \_\_\_Parent Group \_\_\_Non-Profit Organization

\_\_\_Regional school collaborative/co-op \_\_\_Hospital \_\_\_Private School

\_\_\_ Clinic/Outpatient Treatment Facility \_\_\_Public or Private College

\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comments:**

**Please return this completed form to info@zonesofregulation.com**