



On-site Training Request Form

To register, please fill out this form and fax to

(901) 748-0297 or email tmichaels@hsuniversity.org or online at www.hsuniversity.org

Billing Information:

Agency Name: _____

Contact Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Training Location:

Training Address: _____

Shipping Address: (For Training Manuals) _____

Contact Name: _____ Phone: _____

Product Information:

Course of Training: _____

Length of Training:

1 Day 2 Days 3 Days 4 Days 5 Days Other: _____

Training Information:

Dates requested for training: _____

Time training will start and end each day: _____

Which airport do you recommend we fly to? _____

What hotel(s) do you recommend (please include phone numbers)? _____

What is the recommended dress code for the instructor? _____

How many people will attend training? _____ *(HSU only supplies manuals free of charge for 10 students, additional manuals can be ordered on page 2).*

Who is being trained? _____

Can a LCD projector be provided? Yes No *(If not, please check below, an added fee of \$125 will be charged) All courses require trainer use a LCD projector.*

Cancellation Policy: Cancellations are permitted without penalty up to one month prior to the start of the on-site training for 100% refund. If cancellation is made 15 or more business days prior to on-site 50% of the fee will be refunded. A refund will not be provided if a cancellation is made within 14 or less business days prior to the start of the on-site. HSU will make our best effort to notify the client in advance of cancellation (phone contact, voice mail, electronic mail, fax notification). However, there is a remote possibility that no advance notice can be give (i.e. instructor emergency, power outage, acts of God, etc.) If HSU must cancel an on-site, the client may reschedule or obtain a refund. If HSU cancels and the client request a refund, HSU will only refund course fee. Under no circumstances will HSU refund or be responsible to refund, any amount greater than the course fee.



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Training Format Information:

What type setup will be used? lecture roundtable one-on-one
 classroom Other: _____

Format: Classroom style is preferable. *Training guides, Manuals and class exercises are provided for 10 participants only!*

Cost Information: *Please check all that applies*

Days Needed:

- 1 Day of Training \$4995.00
- 2 Days of Training \$5495.00
- 3 Days of Training \$5995.00
- 4 Days of Training \$6495.00
- 5 Days of Training \$6995.00
- 3 Days of Credential Training \$14950.00 (10 Students)

(Course Materials, travel and expenses are included in above prices)

**Effective January 1, 2011 the above prices includes flight up to \$500 and hotels up to \$200 per night for our trainers. Anything over will be billed to the agency's invoice and the agency will be responsible. HSU must have a 30 day advance when booking on-sites or there will be an additional charge.*

Other Fees:

- Extra days: Add \$550 each
- LCD Projector: \$125 (Trainer must have LCD projector for all courses)
- Extra Manuals: \$35 each
of Manuals: _____ x \$35 = \$ _____
- CEUs: CEUs will be mailed 4 to 6 weeks after training completed. (A listing of students must be given to HSU.)
of CEUs: _____ x \$25 = \$ _____
- Certificates of Training (A listing of students must be given to HSU.)
of Certificates: _____ x \$5 = \$ _____

Total Fees: \$ _____

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Payment Information:

Payment Amount: \$_____ *A 50% security deposit is required upon registration. Balance is due within 10 days of on-site unless other arrangements are made in advanced. If payment isn't paid in full prior to on-site training, there will be a 10% charge added to your account. If you need to make payment arrangements please contact your on-site training representative. If payment arrangements are made in writing then the 10% fee will not be charged.*

Payment Type:

Check Enclosed: Check#: _____
Date on Check: _____

Purchase Order #: _____
Please fax a copy of your purchase order with this form

Credit Card:

Visa MasterCard Discover American Express

Credit Card Number: _____

Expiration ____/____ Security Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Agency Approval:

Signature

Date

Printed Name

Title

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Agency Profile:

Agency Name: _____

Agency Contact Person: _____

Agency Type:

- Community Action Program
- School District
- County Government
- Other: _____

Website Address: _____

HS Director's Name: _____

Number of Children Served:

- 0-100
- 100-500
- 500-1000
- 1000-2000
- 2000 and Up

Number of Children Served:

- HS
- EHS
- Pregnant Mom

Types of Services offered: _____

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Any information about your agency that would be relevant to the training:

Date of Next Review: _____

Types of Families Served: _____

Brief description of your agency: (Utilize information from Community Assessment)

Number of Case Workers (For FPA On-Site Only): _____

Number of Families per Case Worker (For FPA On-Site Only): _____

Any areas/topics that you would like the trainer to cover: _____

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