



# Trauma Healing Project

*Improving individual and community health & well-being*

## Training Request Form

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### Trauma Healing Project

Basic Information	
Today's date:	
Name:	
Name of Organization:	
Phone number:	
Email:	
Billing Address:	
Dates of Training:	
Time of Training:	
Do you have a projector and screen or projection wall?	
Do you have audio speakers?	
Training Information	
Describe what type of training you would like:	
Where will the training take place: (address and city): Topic Areas: Workforce Wellness, Trauma-Informed Care Basics, Traditional to Evidence Based, etc.	
Approximate number of attendees:	
Who is the target audience:	
What are your goals for this training:	
Will Continuing Education Credits (CEU) be given:	
If yes, to whom:	
Do you want us to print handouts or do you want them electronically? If so, how many?	
<b>Send form to: Trauma Healing Project, 2222 Coburg Rd. Suite 300, Eugene, OR 97401 or Email to: <a href="mailto:info@healingattention.org">info@healingattention.org</a></b>	