



## Trauma Healing Project

*Improving individual and community health & well-being*

# Training Request Form

### Trauma Healing Project

Basic Information	
Today's date:	
Name:	
Name of Organization:	
Phone number:	
Email:	
Dates of Training:	
Time of Training:	
Start and finish time:	
Training Information	
Describe what type of training you would like:	
Where will the training take place: (address and city):	
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:	
Questions or Comments?	
<b>Send this form to:</b>	<b>Trauma Healing Project, 2222 Coburg Rd. Suite 300, Eugene, OR 97401</b>
<b>Or email to:</b>	<b>Info@healingattention.org</b>