

CGDay Services, LLC

Workshop Request Form

Thank you for your interest in hosting/sponsoring training with CGDay Services, LLC/Calvalyn Day. Please fill out the information below so we can best assess how to meet your needs and coordinate the workshop into our company calendar. You can expect a response from us within 72 hours. This form is informational and is not a binding agreement. Once the training is agreed upon, you will receive an invoice to secure your preferred date and time.

*At scheduling a **50% deposit** is required to secure your selected date. The remaining balance is to be paid within 7 days of completion of services. Requests to adjust this payment schedule will be considered.*

Thank you once again and it is always an honor to be considered to serve your educational and consultation needs.

Organization: _____

Contact Name: _____ Phone: _____

Email: _____ Position: _____

Proposed workshop date & location _____

Are these dates/location flexible? If so, please provide optional details below:

Are there any travel logistics that we need to be aware of, such as limited access by plane, etc.?

Billing/Accounts Payable Contact

Name: _____ Position: _____

Phone: _____ Email: _____

Are there any specific concerns or data that you are hoping to address with this presentation?

WORKSHOP/TRAINING DETAILS

Training time is determined by the goal of your training request. Standard workshops are presented in half or full day increments. Smaller workshops are available, however a 2-hour minimum is suggested and payment for at least two hours is required. Full day workshop/training days are designed for approximately 6 hours of actual presentation time, not including lunch and breaks. If you are requesting additional speaking time, please indicate in the notes section and we will attempt to accommodate. There may be an additional charge.

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Sponsoring organization agrees to provide audiovisual equipment necessary for presentation. This typically includes a projector, speakers and internet access for audio presentations.

Your request:

- Full- day workshop 1/2-day intro workshop
 Customized on-site training Web-based training
 Coaching Other

Additional details: _____

2021-22 Speaking Fees

USA Workshop Rates

- Local* workshop in Indianapolis greater metro area \$2500/full day or \$500 per hour
 Full day workshop or any smaller segment of time: \$5000 for locations requiring air travel or overnight accommodations
 Web-based training \$500 per hour**

*Local is defined as within 15 miles of Indianapolis city center. For venues outside of Indianapolis that **do not** require overnight accommodations, a **\$200 travel fee** is added.

**There is a minimum of 2 hours charged for any workshop presentation.

WORKSHOP/TRAINING AUDIENCE (check all that apply)

- Special Education Teachers SLPs General Ed. Teachers
 Para Professionals/support staff Behaviorists Parents/Caregivers
 Psychologist/Social Worker Counselors OTs

Others: _____ (PT, Nurse, Admin., school personnel)

WORKSHOP/TRAINING FOCUS (select all that apply)

- Social Emotional Learning At-Risk Students Parent Engagement
 Cultural Competency Behavior Management Self-Care
 Trauma informed Care Stress management Wellness/mindfulness
 Elementary Middle School High School

Other considerations:

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ATTENDANCE ESTIMATE

There is no cap on audience size, and you are free to charge for registration. The size doesn't impact presented rate and is only used for planning activities and workshop structure.

Please list anticipated audience size: _____

PRODUCT REQUESTS

Are you interested in having products available for the audience? Please check whether you would like to have books available for purchase by participants or included in the cost for the additional fee listed.

Authentically Engaged Families _____ for Purchase _____ Included for participants (\$30/book)
Drag 'Em Kicking and Screaming _____ for Purchase _____ Included for participants (\$15/book)

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)

___ 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

___ Independent School

___ Regional school collaborative/co-op

___ Private School

___ Clinic/Outpatient Treatment Facility

___ Parent Group

___ Hospital

___ Non-Profit Organization

___ Public or Private College

___ Other: _____

Please return this completed form to info@calvalynday.com