



Agency Request for Proposal

Agency Name: _____

Director Name: _____

Address : _____
(In House training location)

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email Address _____

How many in house participants will be attending the training:
(One trainer required for every 10 participants)

8 - 10 11 - 20

Preferred days for four, two day sessions from 8:30am- 5:30pm:

Saturday and Sunday Friday and Saturday
 (two other consecutive days) _____

Does the facility have the following (check all that apply):

- A training room to accommodate the maximum number of participants.
- Adjacent or smaller rooms for break out sessions with extra chairs.
- A projection screen LCD projector
- Portable amplifier/speaker for slides and training videos

- Agency is prepared to pay for the training with company check(s).

We will respond to this request promptly:

Sonoma Psychotherapy Training Institute
1049 Fourth Street, Suite G
Santa Rosa, CA 95404
Phone (707) 579-9457
Fax (707) 703-5334
Email: SonomaPTI@gmail.com