



## Autism Training Intake Form & Proposal

Name of Organization Requesting Training:

Organization Contact:

Training Request:

Availability for Training:

Trainings Fees:

ASSA Staff Trainer & Facilitation Costs	Hourly Rate	\$50/hr
Board Certified Behavior Analyst	Hourly Rate	\$150/hr
Specialist (Speech, Occupational, etc)	Hourly Rate	\$150/hr

*\*Estimated amount of training time will be provided and agreed upon prior to training presentation.*

Requested amount of training hours: \_\_\_\_\_

**Estimated time for training and total cost:**

Training Professional Assigned To You	Estimated Hours for This Training	Hourly Rate
<b>Total Cost</b>		

*\*Invoice will be paid following the training presentation.*

Signed by Autism Society of Southern Arizona

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Date/Title

Training Professional

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Date/Title

Organization Representative

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Date/Title