|  |
| --- |
| uvm |

|  |
| --- |
| **ASEBA**  **Research Center for Children, Youth & Families, Inc., A Non-Profit Corporation**  **1 South Prospect Street, St Joseph’s Wing (Room #3207), Burlington, VT 05401**  **Telephone: (802)656-5130**  **Email:** [**mail@aseba.org**](mailto:mail@aseba.org) **/ Website:** [**http://www.aseba.org**](http://www.aseba.org) |

**Request for ASEBA Training**

**Please complete the form below and email it to** [**mail@aseba.org**](mailto:mail@aseba.org)**. You may also mail the form to: ASEBA, One South Prospect Street, Burlington, VT 05401-3456. Use additional sheets if necessary.**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Organization:** | |
| **Street Address:** | | |
| **2nd Street Address:** | | |
| **City:** | **State:** | **Zip/Postal Code:** |
| **Country:** | **Phone:** | |
| **Email:** | | |
| **What kind of training do you wish to have:** | | |
| **Professions, backgrounds, & types of work done by trainees:** | | |
| **What do your trainees know about ASEBA?** | | |
| **Please describe your goals for the training:** | | |
| **Approximately how long would you like the training to be? What dates?** | | |
| **❒ Online ❒ On location (City/Town/State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Approximately how many people would attend the training?** | | |
| **By approximately what date do you need a commitment?** | | |

**Thank you!**