

 **COURAGE WORKS, INC.**
FOR FAMILY CHILD CARE

Consultation Request/Inquiry Form

Contact Name: _____

Organization/Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Website: _____

Phone: _____ Fax: _____

Topics Available: (Please check each topic you are interested in receiving information on.)

Personal Development Mentoring Leadership Train-the-Trainer

Types of Consultation Available: (Please check each type of consultation that you are interested in receiving information on.)

Phone consultation – (\$45 per hour – minimum 1 hour)

On-Site consultation – (\$60 per hour plus travel expenses – minimum 4 hours)

Off- site consultation - (\$45 per hour – minimum 1 hour)

Program Development Options: (please check each type of program options that you are interested in receiving information on.) _____ CEU's

____ Initial Program Facilitation

____ On-going Program Facilitation

____ Program Overview Presentation Materials

____ Phone consultations

____ On-site consultations

____ On-site trainings

____ On-site train-the-trainer

____ Workshops/Seminars- please note specific topics on back of this page

____ Keynote address – topic

Note: An example of a off-site consultation would be a consultation done in conjunction with both parties attending the same conference, meeting or other such gathering.