

Deanna Hamilton

Author.Speaker.Coach.TV Host

Organization Name: _____

Organization

Mission: _____

Primary contact person: _____

Title: _____

Home #: _____ Cell #: _____ Office #: _____ Fax #: _____

Event Date: _____ Time: _____

Type of event(s): _____

Theme/Purpose: _____

Other guest

speakers: _____

How are you promoting this event?: _____

Would you like this event to be promoted via my personal website and organization's website?

Yes _____ No _____

Facility Information

Venue: _____

Physical Address:

Zip Street # City State

Phone #: _____

Website: _____

Expected attendance: _____ Target Audience _____

Speaker Budget

Is there a speaker budget for the event? Yes _____ No _____ Please specify amount
\$ _____

Is this a fundraising event? Yes _____ No _____

Vending/Marketing Opportunity

Will there be an opportunity to display and distribute literature, information, and books during
this event? Yes _____ No _____

Hotel Accommodations and Travel Expenses (if applicable)

Will all expenses be paid? (i.e. airfare, hotel room, meals) Yes _____ No _____

Recommended Hotel Name: _____ Confirmations:

Ground Transport/Taxi/Driver
service: _____

*Please email form to bookings@successcoachingsystems.com or fax to 919-650-4748

www.DeannaHamilton.com