

# 4SIGHT LEARNING SPEAKER INQUIRY

CONTACT INFORMATION			
Inquiry Date		Where did you hear about us	
Name of Contact		Title/Position	
Company/Group/Association			
Address			
City, ST ZIP			
Phone		Website	
Email			

EVENT INFORMATION			
Date of Program		Type of Event	
Length of Presentation		Expected # to attend	
Location			
Address			
City, ST ZIP			
Interested Topics			
Customize by inserting a list of your topics and/or presentation titles.			
Decision Maker		When will decision be made	
Do you plan to film or record this presentation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Price Quoted		Travel Fee	
Speaker Packet sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered into ACT/Outlook	<input type="checkbox"/> Yes <input type="checkbox"/> No

AV, ROOM SET-UP, HANDOUTS	
Room Set-up	<input type="checkbox"/> Classroom <input type="checkbox"/> Theater <input type="checkbox"/> Rounds <input type="checkbox"/> Crescents
Microphone	<input type="checkbox"/> Ear Piece <input type="checkbox"/> Lapel <input type="checkbox"/> Hand-Held
A/V	<input type="checkbox"/> Laptop <input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen <input type="checkbox"/> Podium
Handouts	<input type="checkbox"/> 4C Tri-folds <input type="checkbox"/> PowerPoint <input type="checkbox"/> Copies of your book

TRAVEL DETAILS			
Closest Airport		Rental Car Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hotel Name		Hotel Address	
Travel Arrangements made by Client	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Arrangements made by OA Office	<input type="checkbox"/> Yes <input type="checkbox"/> No