



SPEAKING EVENT CONTACT FORM

Contact Date: _____

Contact Person: _____

Agency/Organization: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip _____

***How did you learn about the Organizer Coach? (X all that apply)**

Ad _____ Flyer _____ NAPO _____ Referral _____ Speaker _____ Website _____

***SPEAKING ENGAGEMENT INFO:**

Date: _____ Topic: _____

Time: _____ (AM) or (PM) Length: _____

of people in the audience: _____ Target Audience: _____

Event Theme: _____ Training: _____

(3) Main concerns of audience members:

1) _____

2) _____

3) _____

***LOGISTICS:**

Meal served: ___Y ___N Beverages served: ___Y ___N

Stage: ___Y ___N Platform/Podium: ___Y ___N Microphone (wireless): ___Y ___N

Please return completed form by:

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