

**EVENT DATA SHEET
PLEASE COMPLETE & RETURN**

ORGANIZATION

- 1. NAME OF ORGANIZATION: _____
- 2. NATURE OF BUSINESS: _____
- 3. WEB SITE: _____
- 4. ADDRESS: _____

- 5. CONTACT PERSON: _____
BUSINESS PHONE: _____ HOME OR CELL: _____
FAX: _____ E-MAIL: _____

- 6. BACKGROUND CONTACTS:(anyone Mike should contact about the organization/program, etc.)

NAME: _____	TITLE: _____
PHONE: _____	E-MAIL: _____
NAME: _____	TITLE: _____
PHONE: _____	E-MAIL: _____
NAME: _____	TITLE: _____
PHONE: _____	E-MAIL: _____

PROGRAM

- 7. DATE OF PRESENTATION: _____

- 8. PRESENTATION TIME /S: _____

TOPIC /S: _____

- 9. EVENT LOCATION: _____

ADDRESS: _____

MIKE HOURIGAN

CITY/ ST/ ZIP: _____

PHONE: _____ FAX: _____

ON-SITE MEETING ROOM NAME: _____

ON-SITE CONTACT PERSON: _____

10. AUDIENCE SIZE: _____ MEN: _____ WOMEN: _____ AGES: _____
SPOUSES? _____
JOB TITLES AND CATEGORIES _____

11. PERSONAL DRESS FOR SESSION: BUSINESS _____ CASUAL _____
SPEAKER'S ATTIRE PREFERENCE: _____

12. MAIN OBJECTIVES FOR MEETING:

13. ARE THERE CURRENT SIGNIFICANT ISSUES THE SPEAKER SHOULD
KEEP IN MIND?

TRAVEL

14. HOTEL WHERE SPEAKER WILL BE STAYING: _____
ADDRESS: _____
CONFIRMATION # _____
TELEPHONE: _____ FAX: _____

15. NAME OF AIRPORT CLOSEST TO EVENT SITE: _____

16. SPEAKER TRANSPORTATION:
METHOD OF TRANSPORTATION _____

TRAVEL	FROM / TO	MILES / TIME	
	AIRPORT / HOTEL	___ / ___ MIN.	_____
	HOTEL / MEETING SITE	___ / ___ MIN.	_____
	MEETING SITE/ AIRPORT	___ / ___ MIN.	_____

