

Please complete and return to **Engage Selling**

| Event | | |
|---|--|------------------|
| Name of Organizatior | ו: | |
| Name of Event: | | Attendee #: |
| Date(s): | Time(s): | Length |
| Event Location: | | |
| Shipping Address: | | |
| On-Site Contact: | | |
| On-Site Contact Emai | l: | Cell #: |
| Accommodations | | |
| Recommended Accor | nmodations: | |
| Hotel Address: | | |
| Special Event Rate: | Block Name: | |
| Booked by Clie | nt: Confirmation # | |
| Meeting Room | | |
| Meeting Room Locati | on: | |
| Presentation source: | Conference computer | Speaker computer |
| Recording: (Only if explicitly approved in writing by Engage) | | |
| Requirements: | | |
| If speaker compIf workshop or | s: Mic pack compatible with Countryman outer: necessary power and display cabli training: flip chart with post-it self-stick p chair (no podium required) | ng |
| Additional Notes | | |