

Debbie Silver presents

Booking Form (fill out and mail or fax to Debbie)

About requestor:

Today's Date: _____

Date(s) desired: _____

Start and end times desired: _____

Your Name: _____

Your Organization or School: _____

Address: _____

Contact Number and/or e-mail address: _____

Your Position: _____

Event Site & Address: _____

About travel arrangements: (please check one)

Use our own agent _____

Debbie can book her own flight (*always coach airfare: whenever possible Debbie will book several flights together and divide the expense among clients to save everyone money.*)

The **closest airport** is: _____

The approximate time from the airport to the hotel is: _____

The approximate time from the event to the airport is: _____

Ground transportation will be provided by: (please check one)

one of our group members

hotel shuttle

taxi or limo

rental car

About *hotel arrangements: (please check one)

We will book Debbie's room for the night(s) of: _____

(*nonsmoking: if there is no elevator, please request a 1st floor room)

We would prefer that Debbie book her own room. (*Please include the information below no matter who is doing the booking.*)

Recommended hotel name & location:

Hotel phone number: _____

About fees:

We agree to pay Debbie's fee of: _____
(Debbie will invoice you for her fee and travel expenses shortly after her presentation to your group).

About Debbie's products:

(Check all that apply)

___ We would like to purchase Debbie's books and CDs from her wholesalers and sell them at retail to make a profit for our organization (for **CDs** contact Mark Meckel @ www.monteselby.com or **(615) 327-4425**.)

For **books** contact **Incentive Publications at 1-800-421-2830**)

___ One of our vendors will handle purchase and sales of Debbie's books and/or CDs

___ We would like for Debbie to bring copies of her books and CDs and handle sales herself

___ We would like for Debbie to bring order forms for her books and CDs

___ We would prefer not to have Debbie's books or CDs for sale at our event

Other Questions or Instructions about your event:

Contact Person:

Debbie's contact person will be: _____

Phone number: _____

E-mail address: _____

Fax number: _____

VERY IMPORTANT:

An emergency phone number (in case of travel problems) is:

About Debbie's presentations:

Please fill out this section for **each** keynote and/or workshop desired: (feel free to copy and attach additional sheets as necessary).

Topic or Title: _____

_____ **Keynote** or _____ **Workshop** (check one)

Approximate # of audience participants: _____

Audience will include (check all that apply)

_____ Teachers

_____ Teaching assistants, aids, student teachers

_____ Administrators

_____ Parents

_____ Students

_____ Other (please specify): _____

Room set-up (describe): _____

Debbie's usual AV needs: (check all that are available) **Keep a copy for your records.**

_____ overhead projector/screen

_____ CD player (jam box is fine)

_____ table for demonstration items

_____ clip-on or handheld microphone (if audience is over 75 members)

Beginning time: _____

Ending time: _____

Special Instructions: _____

Hand-out masters (if necessary) should be provided to:

Name: _____

E-mail address: _____

Land mail address: _____

By this date: _____

Debbie's Cell Phone Number (for travel emergencies) is **601-925-5558**

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