

Booking Form

(fill out and email or fax to Debbie) Fax 800-604-7715

About requestor: Today's Date:			
Date(s) desired:			
Start/end times of the event:			
Start/end times of Debbie's Presenta	ition(s):		
Your Name:	Your Position:		
Contact Number and e-mail addres	SS:		
Event Site Address and Building/room	m Location:		
About travel arrangements: (please Use our own agent (name and	e check one) d phone)		
	nt (always coach airfare: whenever possible Debbie will book le the expense among clients to save everyone money.)		
The closest airport is:	Airport Code		
The approximate time from the airpo The approximate time from the event	rt to the hotel is:Airport Code t to the airport is:		
Ground transportation will be provi one of our group members taxi or limo	ded by: (please check one) hotel shuttle otherrental car		
About hotel arrangements: (please We will book Debbie's room for the control of the contro	or the night(s) of: there is no elevator , please request a 1st floor room)		
	ow no matter who is doing the booking: & location: (Debbie Prefers Hampton Inn/Hilton Properties, if close)		
Hotel phone number (local):			

We agree to pay Debbie's fee of: (Debbie will invoice you for her fee and tra	avel expenses shortly after her presentation to your group).	
herself (<i>This is only available fo</i> We would like for Debbie to bring of	Debbie's Products (Check all that apply) — We would like to purchase Debbie's books and CDs and sell them at retail to make a profit for our organization, please contact us to work out the details. — We would like to discuss including books and/or planners for the participants as part of the speaking fee. — One of our vendors will handle the purchase and sales of Debbie's books and/or CDs. copies of her books and CDs to our event and handle sales or events with no air flight for Debbie). Order forms for her books and CDs. ie'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:		
Detailed Directions for parking and	e Event Start Time easy access to the venue:	
VERY IMPORTANT: An emergency phone number (in case of travel problems) is:		

About fees:

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)
Audience T T T A P S	imate # of audience participants: ce will include (check all that apply) eachers eaching assistants, aids, student teachdrinistrators Parents Students Other (please specify):	
Room so	et-up (describe):	
L S P T	CD Projector w/screen Sound plug-in for Debbie's laptop Power strip and extension cord Table for demonstration items	e available) Keep a copy for your records. ence is over 75 members) Handheld is preferred.
Ending	time:	
Special	Instructions:	
	ut masters (if necessary) should be p	
	addraes:	
	ail address:	
By this C	date:	

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