

DWIGHT BAIN SPEAKING REQUEST

DATE: _____

CONTACT NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

TOPIC OF INTEREST: _____

WHAT MESSAGE DO YOU WANT THE AUDIENCE TO LEAVE WITH?

GROUP SETTING (check one):

- | | | | | |
|---------------------------------------|-----------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Keynote | <input type="checkbox"/> Training | <input type="checkbox"/> Educational | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Emcee |
| <input type="checkbox"/> Motivational | <input type="checkbox"/> Retreat | <input type="checkbox"/> Team Building | <input type="checkbox"/> Staff Development | |

TYPE OF AUDIENCE (check one):

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Non-profit | <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Media | <input type="checkbox"/> Faith-based | <input type="checkbox"/> Association | |

NUMBER OF PARTICIPANTS: _____

SPEAKING SESSION: Keynote (30-60 mins) ½ day (up to 3 hrs) 1 day (up to 6 hrs) _____ Other

DATE(S) & TIME(S) DESIRED:

1st Choice: _____

2nd Choice: _____

DRESS CODE:

Formal Business

Casual Business Casual

The event host would appreciate a response by: _____

How did you hear about us? _____

Additional questions or comments: _____

Please complete and return via fax or email to Sola Thompson, Office Manager. Thank you.

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