



Speaking Event Contact Form

Today's Date: _____

Contact

Name: _____

Phone: _____

Fax: _____

Address: _____

City/State/Zip: _____

Email: _____

Where did you hear about us? _____

Organization

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Presentation

Presentation Date & Time: _____

in Audience: _____

Presentation Title: _____

Presentation Length: _____

Meal Served? _____

Beverages Served? _____

Stage? _____

Meeting Theme or Topic: _____

Who will be in the audience? _____

Top 3 concerns of audience? _____

Please print and return by fax to 801.606.7799 or e-mail to support@kellygalea.com

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