

Dr. Carol Look

LCSW,DCH, EFT Master

Name of Workshop, Seminar, or Speaking Event

Sponsoring Group

Name of Contact Person

Phone Number

Fax Number

E-mail

Mailing Address

MEETING SPECIFICS

Meeting Location

Is meeting date fixed or tentative?

Specific content to be covered

Specific meeting times

Are there other speakers?

Who?

Number of attendees expected

Median age of attendees:

What is the theme for your event?

OVERNIGHT ACCOMMODATIONS

Hotel Name:

Hotel Address:

Hotel Phone #:

LOGISTICSCan you supply: *Please check all that apply*

P.A. System _____

Cordless or lapel microphone _____

Table up front for speaker use _____

Photo copies _____
(is there a limit? If so, additional costs may apply) _____Blackboard w/chalk & eraser _____ Markers/Chalk _____
(or Dry Erase board large enough for everyone to see)Table for Speaker Products _____
(Speaker Pricing is partially based on ability to sell products. If not permitted, check here _____)

EXPENSES**Meetings less than 200 miles**

What is mileage from Manhattan? _____ Can you provide a detailed map/directions? _____

Meetings more than 200 miles*(Air travel arrangements will be made by a Carol Look Representative unless agreed otherwise)*

Will air travel be covered in advanced? _____

What is length of travel time from airport to meeting place? _____

Who will transport to/from airport? _____

(Print name here) _____*(Phone number)* _____ *(Cell Number)* _____

Thank you for taking the time to fill out this form. It will help Carol Look with preparing an event that will be effective in its presentation to your organization and participants.

Name of person completing this form _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax # _____ E-mail _____

Position/Title _____

NOTE:*After Carol Look has sent you a letter confirming all arrangements and the booking confirmed, a cancellation fee of 25% will be assessed on the party who cancels the engagement. The canceling party will also be responsible for any nonrefundable airfare costs.*

After form completion mail, fax or email to:Dr. Carol Look c/o SPIRIT ACCESS, P.O. Box 1953, Madison Square Station, New York, NY 10159
Carol@CarolLook.com