

Contact Information

Organization_____

Contact Person_____

Phone Number_____ Fax Number_____

Email_____

Event or Project

Requested Date or Approximate Timeframe:_____

Please indicate which service (s) you are interested in:

- Keynote Presentation
- Workshop
- Customized Consulting for Your Organization/Community
- Shared Visions Programs for Youth
- Personal Coaching
- Teambuilding Session
- Intrapreneurial Development & Training

Briefly describe the purpose of the event or project goals:

Where will it be held? (community and province or state)

What are you specific objectives (if available) for Monica's presentation or services (eg: to motivate, inspire change, goal setting, team building) :

Number of potential attendees or participants_____

Approximate percentage of Male _____ **Female** _____

Average age or age range_____

Briefly indicate any challenges or successes your organization and/or audience may be facing that will be relevant to Monica's provision of services:

Are there any other individuals that Monica could speak to prepare for her work with you?

Name	Title or Position	Tel	email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

