ATTENTION:_____ **FAX #**_____

Speaker Availability Inquiry for **ED HEARN**

Please complete this brief questionnaire and fax to us at your earliest convenience. This will enable us to check Mr. Hearn's availability for certain dates and better understand your needs for this specific program.

We look forward to the possibility of working together to make your event one they will always remember. Thank you!

Our FAX # is **(913) 599-1332**

***POSSIBLE DATE(S) OF APPEARANCE**:_____

***GROUP NAME:**_____

***GROUP CONTACT(S):**_____ **POSITION:**_____

_____ **POSITION:**_____

ADDRESS: _____ ***PHONE:**_____

_____ **FAX:**_____

_____ **EMAIL:**_____

***LOCATION OF MEETING:**_____

TOPIC or OBJECTIVE(S) of SPEAKER'S PROGRAM:_____

_____

TIME TABLE:_____ **APPROX. NUMBER OF ATTENDEES:**_____

COMPOSITION OF AUDIENCE:_____

PAST SPEAKERS FOR THIS EVENT:_____

***MAX BUDGET for this SPEAKER SLOT:**_____

***TYPE GROUP? NONPROFIT ASSOCIATION CORPORATION**

***TYPE of MEETING? NATIONAL REGIONAL LOCAL**

Additional Comments:_____

_____

_____

SUBMITTED BY
ORGANIZATIONAL REPRESENTATIVE _____

(Date)

www.edhearn.com