

## **Booking Questionnaire**

In order for us to serve you well, we ask that you complete the information below & return it to our office via email Admin@ImpactBrandingConsulting.com ASAP, however within 7 days.

Today's Date:		_	
Event Date (s):			
Event Time:	AM PM to	AM PM	
COMPANY INFORMATION			
Company/Organization Na	ame:		
Company Address:			
			City:
	State	9:	Zip:
Company Phone Number (	s):		
Company Website Address	: http://		
POINT OF CONTACT INFOR	MATION		
Company's Representative	Name:		
Representative 1	itle:		
Representatives Contact N	umber (s): Office:	Mo	obile:
	resentatives Contact Em		in the desired
P.O. Box 1347 Snellville	, Georgia 30078	00-2697      E: Admin@Imp andingConsulting.com	



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EVENT LOGISTICS					
Event Name:					
Event Theme/Purpose:					
Venue Name:					
Address:		Room/Floor/Suite:			
City:	State:		Zip:		
Parking Status: Paid Parking	Validated Parking	Complimentary	y Parking		
Will there be other companies partne	ering with you on the ev	vent? Yes	No		
Name(s):					
Is this a first time or recurring event?	First Time Recurrir	ng			
How many attendees are you expec	ting?				
Are Attendees required to pre-registe	er? No Yes	Online	Onsite accepted		
What is the Event Setting: Confere	ence Classroom	Theater			
What is the intended demographics of genders, Teenagers, ages 15 and up,	·	3	,		
What type of Speaker are you reques					
Keynote Speaker Guest Sp		Ceremony	Panelist		
What is the Speakers budget for this e	event? <b>\$_</b>				



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Will you have oth (If yes, Please a.	•	Yes No speakers are not l	listed on your Wel	bsite or Eve	nt Flyer)	
Who are the oth	er speakers tha	t will be at your e	vent? (List by full	name for c	amarader	ie purposes)
Will there be an	opportunity to a	 display/sell Natasl	na's products?	Yes	No	
(If yes, Please ar		. •	•			
Will Natasha be Both Provic	•	table and linens Table Provided	or will she need t None Pro		r own?	
Is there a specific	c topic or area	you'd like Natash	na to focus on?	Yes	No	
Is there a specific	c topic or area	you'd like Natash	na to avoid from c	discussing?	Yes	- No
Will there be elec	ctronic equipm	ent available for	presentation use?	Yes	No	_
Projector	Screen	Microphone	Computer	Lectern	Podiur	m Stage
What time will Na	atasha be sche	duled to start spe	eaking?	AM	PM	
What is Natasha	's allotted spea	king time frame?	to	OR		_ Minutes



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Requested Dress Attire/ Color Theme for Natasha: (If	Applicable)					
Will there be assigned seating for Natasha and her assistant? Yes No Speakers Room						
Requested arrival time for Natasha:	AM PM					
Is Natasha expected/required to remain present for t	the full durat	ion of the	event?	Yes	No	
FOR OUT-OF-TOWN TRAVELING ONLY						
Airline: Departure Date	e & Time:					
Confirmation Number(s):						
Automobile Rental Company: Confirmation No.:						
Driver assigned to greet Natasha Davis-Bowen at the Airport (If applicable):						
Telephone Number(s): Mobile: _		A	lternate: _			
Vehicle Info: Year: Make:	_ Model:		Colc	r:		
LODGING INFORMATION						
Hotel:	Suite Num	ber(s):				
Address:						
Hotel Phone Number:						
Hotel Confirmation Number(s):						
Check- In Date &Time:						
Check- Out Date &Time:						



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## Your Point (s) of Contact:

Thank you for your interests in welcoming Natasha to your organization. In the event you should have any questions or concerns please do not hesitate to contact us. Once you've completed the questionnaire return it via email to Admin@ImpactBrandingConsulting.com

Additional Point of Contact:

Ms. Antoinette McClendon, Director of Operations

Office: 678-390-2697

Email: Antoinette@ImpactBrandingConsulting.com

Feel Free to view the latest updates about Natasha via www.NatashaDavisVisionary.com

P.O. Box 1347
Snellville, Georgia 30078

\*\*\* Please be advised that until we receive this questionnaire, an official acceptance cannot be extended. Do not consider Natasha Davis scheduled to speak at your event until you have received her official acceptance letter \*\*\*