

SOUDER, BETANCES & ASSOCIATES, INC.

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## **CLIENT PRELIMINARY REQUEST FORM**

This form serves as a formal invitation for Dr. Betances' services. Please complete all sections and return by fax or mail to the address below as soon as possible. As soon as we are able to confirm your request, we will mail copies of our contractual agreement to you for your signature.

| <b>Proposed Engagement</b> Organization Sponsoring I                         |   |                               |   |   |
|--|---|-------------------------------|---|---|
| Event:   |   | Theme:                        |   |   |
| Date of Engagement:  |   | Time of Requested Appearance: |   |   |
| Location of Event: Facility: City:   | State:                                  | Type of Pre                   | sentation: Keynote(s)<br>Workshop(s)<br>Training(s)<br>Other(s) | Time Frame(s): Time Frame(s): Time Frame(s): Time Frame(s): |
| <b>Closest Airport to Eve</b>  |   |                               |   | , ,   |
| City:  | State:                                  | Distance in                   | Minutes from Airport to E                                       | Event:  |
| Authorized Fee:  | plus expenses                           |                               |   |   |
|  |   |                               |   |   |
| Name and Address of<br>Name:<br>Address:<br>Wk #:<br>Pgr#:<br>Email Address: | Person Authority: City: Hm # Cell :     | Title:<br>#:                  | State: Fax #: 1-800#:   | Zip Code:   |
| Official Contact Perso Name: Address: Wk #: Pgr #: Email Address:            | <b>n(s):</b><br>City:<br>Hm #<br>Cell : | #:                            | State:<br>Fax #:<br>1-800#:                                     | Zip Code:   |