

Client Company/Organization	
Primary Contact Person	
Office Phone	
Cell Phone	
Website	
Date of Event	
FSSN Speech – Start Time	
FSSN Speech – End Time	
Breakout (if applicable) – Start Time	
Breakout (if applicable) – End Time	
Event Planner	
Office Phone	
Cell Phone	
Home Phone	
Fax	
Pre-Event Activity (e.g., dinner)	
Location	
Start Time	
End Time	
Post-Event Activity (e.g., golf, book signing)	
Location	
Start Time	
End Time	
Recommended Airport	
Distance/Time - Airport to Hotel	
Hotel Name	
Hotel Address	
City, State Zipcode	
Event Location (Meeting Room #)	
Event Address (if diff. from Hotel)	
City, State Zipcode	
Distance/Time - Hotel to Event	
Site Coordinator	
Office Phone	
Cell Phone	
AV Coordinator	
Office Phone	
Cell Phone	
Has received Room Set-Up and AV Reqs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speaker Sponsor (if different than Client)	
Main Contact Person	
Office Phone	
Cell Phone	
Individual introducing FSSN Speaker	
Title	
Office Phone	
E-mail Address	
Has received a copy of Intro and Closing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client

By: _____
 Printed Name: _____
 Title: _____
 Date: _____