



CAPITOL CITY SPEAKERS BUREAU

SPEAKER INFORMATION REQUEST FORM

For more information about speakers for your event, please complete the form below and fax it to **217-544-1496**.

A member of our planning team will contact you shortly!

I am interested in:

Keynote Speaker	<input type="checkbox"/>	After Lunch or Dinner Speaker	<input type="checkbox"/>	Other: _____
Entertainment	<input type="checkbox"/>	One or more training days	<input type="checkbox"/>	
One to Three-hour session	<input type="checkbox"/>	Break-out sessions	<input type="checkbox"/>	

Topics:

Change	<input type="checkbox"/>	Inspiration	<input type="checkbox"/>	Sales Skills	<input type="checkbox"/>	Other: _____
Customer Service	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Sports	<input type="checkbox"/>	
Future	<input type="checkbox"/>	Motivation	<input type="checkbox"/>	Team Building	<input type="checkbox"/>	
Humor	<input type="checkbox"/>	Negotiation	<input type="checkbox"/>	Technology	<input type="checkbox"/>	

Budget per speaker, excluding expenses:

\$2,500 - \$5,000	<input type="checkbox"/>	\$5,001 - \$7,500	<input type="checkbox"/>	\$7,501 - \$10,000	<input type="checkbox"/>	\$10,001 - \$15,000	<input type="checkbox"/>
\$15,001 - \$20,000	<input type="checkbox"/>	\$20,001 - \$40,000	<input type="checkbox"/>	Over \$40,000	<input type="checkbox"/>	Other:	_____

Please send me information on the following speakers:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

Please provide me with:

Biographical information Speaking Fees DVD*

*Please note DVDs may not be available for all speakers

Please check the availability of: _____

Meeting date: _____ Meeting Time: _____ am pm

Location: _____

Comments: _____

Your Contact Information:

Name: _____ Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____