



KNIGHT CONSULTING, LLC
Speaker Request Form for Carol Knight

351 Wagoner Drive, Suite 150
 Fayetteville, Nc 28303
 (855) 637-3267

GENERAL INFORMATION: It is a privilege to serve you! If you would like Carol Knight to speak at your event, please complete the following information about your event and E-mail this form to: **knighttalks360@gmail.com** For pricing, call **(910) 978-7849**.

Sponsoring Organization: _____

Event Host: _____

Contact Phone/Cell Phone: _____

Event Location: _____

Website URL/Email: _____

EVENT OVERVIEW

Event Title:	_____
Date(s) of Event:	_____
Time of Program:	_____
Write the Theme/Purpose of the Event	_____
Topics to be Address	_____
Key Talking Points (If applicable)	_____
Time of Speaker's Presentation:	_____
Event Time(s)	
TOPIC: _____	Date _____ Start _____ Finish _____
TOPIC: _____	Date _____ Start _____ Finish _____
TOPIC: _____	Date _____ Start _____ Finish _____
Length of Presentation:	_____
Presentation Format	<input type="checkbox"/> Panel <input type="checkbox"/> Speech <input type="checkbox"/> Roundtable <input type="checkbox"/> Other: _____
Room Layout	<input type="checkbox"/> Classroom <input type="checkbox"/> Theater <input type="checkbox"/> Horseshoe <input type="checkbox"/> Roundtable <input type="checkbox"/> _____
Number of Times Speaker is Expected to Speak	_____
Event Dress/Attire	___ Casual ___ Business ___ Semi Formal ___ Formal/Festive
Expected Media Coverage	_____ Yes _____ No
Will This Event be Video/Audio Taped?	_____ Yes* _____ No *If Yes, please give us a complimentary copy.
Please Identify Other Speakers at Event	_____

MISCELLANEOUS

Handouts: Once finalized, depending upon the program, master handouts will be provided for the meeting planner to duplicate.
Travel: Please make sure that all expenses including roundtrip coach air fare for two (the speaker and her companion seated together), lodging, meals and ground transportation is billed directly to you or to your master account. Sponsoring Organization is to is responsible for all necessary travel/housing arrangements and for providing reservation confirmations to Knight Consulting, LLC.
Closest Airport: _____ Name City State
Hotel Reservation: _____ Hotel Name Street Address
Lodging: Most of the time, at least one overnight stay is required. Carol will be accompanied by one other companion. Please arrange for one (1) non-smoking room and provide Carol with the address and reservation confirmation numbers.
SPEAKER'S FEE: ONCE THE EVENT IS SCHEDULED, ALL FEES MUST BE PAID WITHIN 72 HOURS. A CONVENIENCE FEE OF 4.1% WILL BE APPLIED ON ALL CREDIT CARD PAYMENTS. CHECKS WITH INSUFFICIENT FUNDS WILL BE CHARGED \$50 PER TRANSACTION.

Signature: _____ **Title:** _____ **Date:** _____