

To assist Steve in planning his travel, it is **imperative** that you complete this document and submit it as soon as possible. Each question is extremely important to ensure Steve arrives on time and understands the agenda.

EVENT

DATE OF EVENT: _____ CLIENT: _____

EVENT REASON: _____

WHERE DID YOU HEAR ABOUT STEVE (PROVIDE DATE IF POSSIBLE): _____

ORGANIZATION'S SOCIAL MEDIA INFORMATION: _____

SOMETHING UNIQUE ABOUT YOUR ORGANIZATION: _____

PRESENTATION(S)

Topic: Enjoy The Ride (Motivation) Making A Difference (Inspiration) Hide Your Goat (Attitude)
 Detour (Change) Follow Me (Leadership)

SPEAKING TIME: START _____ - _____ FINISH ROOM NAME: _____

SPEAKING TIME: START _____ - _____ FINISH ROOM NAME: _____

A / V CHECK TIME: _____ AUDIENCE SIZE: _____

PERSON INTRODUCING STEVE: _____

VENUE

VENUE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

CONTACT INFORMATION

*Please provide a mobile phone number in case of an emergency.

PRIMARY CONTACT: _____ TITLE: _____

OFFICE PHONE: _____ MOBILE PHONE: _____

FAX: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

GROUND TRANSPORTATION

- Please have Steve arrange his own ground transportation
- Client will arrange a professional car service for Steve to be picked up / returned to the airport

CAR SERVICE NAME: _____ DRIVER'S NAME: _____

DRIVER'S MOBILE PHONE: _____ CONFIRMATION: _____

PICKUP LOCATION: _____ NEAREST AIRPORT: _____

MILES FROM AIRPORT TO VENUE: _____

HOTEL

Hotel accommodations are to be made by client with the room, taxes, Internet and parking to be billed to client's master account. A King Bed (non-smoking) room is **required** and must be **guaranteed** under Steve's name. If you would like Steve to make his own reservation, please check the appropriate box.

- Please have Steve make his own reservation
- Client will arrange for Steve's hotel

Required and **Guaranteed**: Non-smoking room, King bed, room tax, Internet and parking (if applicable)

HOTEL: _____

CHECK-IN DATE: _____ CHECK-OUT DATE: _____

CONFIRMATION NUMBER: _____

PHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

**Please complete this form and email it to briana@stevegilliland.com
or fax it to the number below.**

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