Request Form

(Seminars, conferences, workshops & autograph)

Information that you will provide on this application will be shared with members of our team. If your offer is accepted we will contact you. A contract will ensure and a confirmation of your booking will be sent to you when payment is received. You may contact us at (718) 677- 4006 or Fax (718) 677 – 4007, E-mail: ClemBarry@aol.com, Website: www.ConsultantBarry.com

Speaker's name:- Clemson (Clem) Barry

Check the box(s):-[]	Seminar only	[] Conference only	[] Workshop only
[] Seminar, VIP meet	ing & Autograph	[] Opening ceremo	ny & Autograph.
Your name			
Name of your Organization:			
Tax exempt number:			
Address:			
Your Telephone #		Fax	
Your E-mail address:			
Website Address:			
Date of Event	type of e	vent (indoor/outdoor)	
Venue Capacity	Number of	attendees	Unit Price \$
Event Location (full a	nddress)		
Tel#	_ Police Precinct	# Your Per	mit#
Name of Security Co	mpany	Tel #	!
Appearance:- Date:		Topic:	
Duration of time: - Fr	om	am/nm to	am/nm

Name(s) of the	other speaker(s), if any, who w	rill be speaking at the event.
Name	Topic	Time
Name	Topic	Time
Name	Topic	Time