



Program Details



To assist Steve in planning his travel, it is imperative that you complete this brief questionnaire and return it as soon as possible. Each question is extremely important to ensuring Steve arrives on time and understands the agenda.

VENUE

LOCATION: _____ START TIME: _____

ROOM: _____ A/V CHECK TIME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

PROGRAM LENGTH: _____ AUDIENCE SIZE: _____

TOPIC: _____

ON-SITE INFORMATION

Hotel accommodations are to be made by client and directly billed to client whenever possible. A King, Non-Smoking room is Steve's preference. If you would like Steve to make his own reservation, please check the appropriate box. Steve's office will make the reservation.

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

HOTEL: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

CHECK-IN: _____ CHECK-OUT: _____ CONFIRMATION: _____

TRANSPORTATION

Transportation to and from airport/hotel/meeting site is to be provided whenever possible. If you would like Steve to rent a car, please check the appropriate box. Steve's office will make the reservation.

NEAREST AIRPORT: _____ MILES FROM AIRPORT TO VENUE: _____

Please have Steve rent a car. We will arrange for Steve to be picked up at the airport.

CAR SERVICE: _____ PHONE NUMBER: _____

CONFIRMATION: _____ PICKUP LOCATION: _____

PAYMENT

To ensure proper billing, and payments are made within terms, please provide the following information:

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

Please fill out form completely and fax or mail it in the enclosed envelope.

Steve Gilliland, P. O. Box 30220, Winston-Salem, NC 27130-0220
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