

EVENT PLANNING RIDER

DATE OF AGREEMENT EXECUTION _____

Speaking Engagement Selection:

Corporation _____

Not-for-Profit _____

School Assemblies _____

Fee Schedule: Initial Investment (Deposit) \$ _____ Balance \$ _____

Due Date _____ Total \$ _____

Meeting Planner/Company Contact Person:

Name _____ Title _____ Phone _____

Fax _____ Email _____

Back-up Meeting Planner/Company Contact Person:

Name _____ Title _____ Phone _____

Fax _____ Email _____

Date of event: _____

Time of event: _____

Start

End

Breaks

Number of Attendees: _____

Handouts/Support Materials: _____

Location of event: _____

Name	Address	Phone No.
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Room Specifications: _____

Topic Description: _____

Equipment/Audio/Visual Support Provided: _____

Facility Setup: Room needs to be set up 1 hour before event begins. Arrangements need to be made for speaker to access room.

Name Tags/Badges or Tent Cards (Please write first name very large.)

Lodging:

Hotel/Resort _____

Check-in Day/Date: _____ Time: _____

Check-out Day/Date: _____ Time: _____

Address _____

Confirmation # _____

Telephone _____

Travel of Event:

Airline _____

Going to Event: Departure _____ Arrival _____

Returning from Event: Departure _____ Arrival _____

Confirmation# _____

Telephone _____

Car Rental _____

Pick up day/date _____ Time _____

Drop off day/date _____ Time _____

Confirmation# _____

Telephone _____

Airport Concierge (Pickup) _____
Name Bus. Ph. Cell

Emergency Pick-up Location _____
Time Date/Day #Day

Meals: Breakfast Voucher/Payment \$10 _____
Lunch Voucher/Payment \$20 _____
Dinner Voucher/Payment \$30 _____

Other Provisions: _____

Company (Client)

LMI
Company (Presenter)

Print (Owner/Authorized Person)

Print (Owner/Authorized Person)

Signature (Owner/Authorized Person)

Signature (Owner/Authorized Person)

Date

Date