

## Keynotes & Appearances

## **Event Contact**

Business/Company/Nonprofit:	
Contact Name:	
Contact Phone:	
Contact Email:	
Mailing Address:	
Event Information	
Event Date:	Location:
Nature of the Event:	Address:
Event Start Time:	Event End Time:
Arrival Time:	Departure Time:
Time Allotted for Speaking: Minutes	Number of people in attendance:
What topics, themes, or messages would you like for Michele to discuss? Bullet points or important topics, e.g., Teamwork, Overcoming Obstacles, etc.,	
Will there be a Q&A session following the presentation? YES NO Length:	
Will there be a meet-and-greet session? YES	NO
BEF	ORE -or- AFTER Event Length:

