



Presentation Request Form

Contact Information

Name of Organization _____

Contact Name _____

Telephone Number _____

Email Address _____

Presentation Information

Location of Presentation _____

Date of Presentation (First Choice) _____

Date of Presentation (Second Choice) _____

Approximate Size of Audience _____

Audience Profile _____

Any Additional Information _____

The completed form can be returned to:

Perspectives Consulting Group, Inc.
P.O. Box 496
Paw Paw, MI 49079
P • 269.657.5400
F • 269.657.0500

There is no charge for a presentation