

# Information Form

Please complete and return to:  
Jack Mitchell Seminars, POB 841, Rindge, NH, 03461

This information is important for Jack to have while traveling to your speaking event, please complete fully.

## 1) Your name, organization, address and contact information:

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact phone (in case Jack needs to contact you urgently) \_\_\_\_\_

## 2) Program information:

Date(s) and Time(s) of talk(s) \_\_\_\_\_

Location(s) \_\_\_\_\_

Approximate number attending \_\_\_\_\_

Do you need Jack to provide promotional materials? \_\_\_\_\_

Is a parking pass required? \_\_\_\_\_

If yes, please send it right away to Jack at the address above.

## 3) Hotel:

Please make hotel arrangements for two non-smoking rooms with King or Queen size beds.

Hotel name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Reservation confirmation number \_\_\_\_\_

## 4) Ground transportation:

Will a representative of your group pick up Jack and Natalia at the airport? \_\_\_\_\_