

CONTACT INFORMATION

Your contact information is private and confidential and will be retained exclusively by us for essential communications with you.

Required Fields are in BOLD

Your Name:

Title:

Company Website:

Brief description of your company:

Email:

Address 1:

Address 2:

City/Town:

State/Province:

Zip/Postcode:

Country:

Home Phone:

Work Phone:

Fax:

Cell:

Best time for our office to reach you: M - F 9 am - 5 pm
 Evenings
 Weekends

THE EVENT

Event Description:

Event Dates & Times:

Show Time :

Show Length:

Type of Meeting/Conference:

(awards, annual, training)

Is there a Stage: Yes

No

Is there a DJ: Yes

No

Are there any other Performers: Yes

No

Will Attendees be eating dinner: Yes

No

AUDIENCE/ATTENDEE ANALYSIS

Number of expected attendees:

Are spouses invited?: Yes

No

Percentage of males versus
females:

Average age of attendees:

COMPANY PROFILE INFORMATION

Main things we should know
about your company/group:

What your company does:

Additional comments or information that would be helpful in tailoring this presentation for your group:

Please print this form.
Fill out and FAX to: 702-562-9148

FOR MORE INFORMATION CONTACT:

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