



Speaking Engagement Request Form

Please submit this completed form at least 90 days prior to the event date.

Requesting Organization _____

Organization Mission _____

Point of Contact Name	Title
Email	Phone Number

Type of Request:

Keynote / Panel / Plenary / Welcome/Closing Remarks / Talking Points / Testimony/Hearing

Speaker Request _____

Other speakers at SE (Speaking engagement) - if any _____

Date of SE _____ Time of SE _____

Location (i.e. Organization/School Name) of SE _____

Location address _____ State _____

Zip code _____

Name of Conference/Meeting	Audience Size/Type
Topic	Length of Conference/Meeting

Payments Options

How do you wish to make payment? (circle one & provide information)

Credit card

Check

Wire

**Please note 50% of the fees are due when booking and the remainder is due upon arrival at venue.

● Mailing Address:
P.O. box 2758
Elk Grove CA 95759

● Physical Addresses:
9008 Elk Grove Blvd Suite #23
Elk Grove CA 95624

● Reunion Center:
3496 Buskirk Ave Suite 103
Pleasant Hill CA 94523

p: (916) 544-0502
f: (916) 688-8603

● www.theinfinitalifeproject.com
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