

Presentation Request Form

Date of Request: ___/___/_____

Live Well Coaching and Professional Development Services (LWCPS) offers events, workshops, presentations and trainings that are tailored to meet your diverse needs. With that, information concerning your request and intended outcome must be considered before an event is secured.

Please take a moment to complete this brief questionnaire. Your submission may be followed up by a phone call from an LWCPS representative. Securing a date for your workshop can take several weeks. Please plan accordingly. Help expedite your confirmation by completing all sections of the request form and by providing accurate contact information.

Type of Requested Program (workshop, presentation, training):

Description of Requested Program:

Primary Contact Person for this Request:

First and Last Name:	Check all that apply to primary contact person: Administrative Professional Management Representative Responsible for payment Subject Matter Expert Other: _____
Organization & Job Title:	
E\mail:	
Phone:() _____ \ _____	

Location: Where would you like this event to be delivered?

I have secured a location:

Facility: _____

Street Address: _____

City/State/Zip: _____

I would like to conduct the event at the LWCPs Facility in Atlanta.

Timeframe: What is the preferred time frame for delivery of this request? _____

(e.g., "in 8*10 weeks" or "summer 20**")

Requested Date: _____

Requested Start Time: _____

Delivery Method: What is the preferred delivery method for this event?

Instructor-led Classroom

Videoconference/Webinar

Teleconference

Other: _____

Target Audience: Estimated number of participants: _____ Male: _____ Female: _____

Job titles of employees in target audience for this requested event:

Please describe the need for this event and how it will benefit your organization and participants.

Are you aware of any reasonable accommodations that must be provided? If so, please describe:

Thank you for submitting this application. A LWCPs staff member will follow up with you to determine how best to meet your organization's professional development needs.

Please return your form by mail to:

Live Well Counseling and Professional Development Services
2801 Buford Hwy, Suite T-10 Atlanta, GA 30329

Or email your completed presentation request form to: info@LiveWellCPS.com

Please save a copy of the completed request for your records.