

TRAVEL AND SPEAKING ARRANGEMENTS

Dr. Sandra Wright

1. DATE(S) AND LOCATION OF CONVENTION/MEETING/TRAINING SESSION

Date(s) _____

Location/Address: _____

Phone: _____

Contact at location: _____

Room location: _____

2. LODGING *(client to make reservations)*

Hotel/Address: _____

Phone: _____

Toll-free phone number: _____

Confirmation Number for Non-Smoking Room: _____

3. TRANSPORTATION

Name of person meeting Speaker/Trainer *(if applicable)*: _____

Meeting Location *(e.g., airport/baggage claim)*: _____

Work Phone: _____ Cell Phone: _____

If Speaker/Trainer will not be met, what transportation arrangements will be made? *(Client to make reservations, if applicable)*

Taxi: _____ Shuttle: _____ Rental Car: _____ Other: _____

Name and Location of Transportation Company: _____

Reservation Confirmation Number: _____

Local Number: _____ Toll-free Number: _____