



SPEAKER INQUIRY FORM

Name of Organization:	
Type of Organization:	
Contact Name:	
Position/Title:	
Office Hours: <i>(circle all applicable)</i>	M T W Th F Sa Su from _____ AM/PM to _____ AM/PM

CONTACT DETAILS:

Direct Phone:		Cell Phone:	
Fax:		Email:	

REQUEST DATES: *(please provide up to 4 date options for consideration)*

____ / ____ / ____ from ____ AM/PM to ____ AM/PM	____ / ____ / ____ from ____ AM/PM to ____ AM/PM
____ / ____ / ____ from ____ AM/PM to ____ AM/PM	____ / ____ / ____ from ____ AM/PM to ____ AM/PM

MEETING DETAILS:

Length of Presentation:	<input type="radio"/> 30 minutes <input type="radio"/> 45 minutes <input type="radio"/> 1 hour <input type="radio"/> Other: _____
Type of Meeting:	<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Other: _____
Number of Attendees:	<input type="radio"/> 1-2 Attendees <input type="radio"/> 3-6 Attendees <input type="radio"/> Other: _____
Purpose of Meeting:	<input type="radio"/> Monthly Meeting <input type="radio"/> Quarterly Meeting <input type="radio"/> Seminar <input type="radio"/> Networking Event <input type="radio"/> Other: _____

LOCATION DETAILS:

Meeting Location:	
Address:	
Phone Number:	

When completed, please return form to:

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