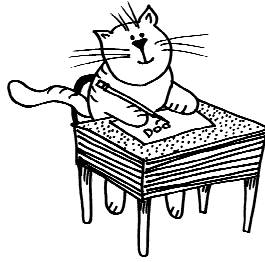


Author Visit Booking Form



REQUEST FOR _____
(Date of Presentation)

Date called _____

CONTACT NAME _____

POSITION _____

PHONE (H) _____

CELL _____

EMAIL _____

ADDRESS _____

EVENT TYPE: _____

AUDIENCE: Population ____ **Ages/Grades** _____

TERMS Honorarium \$ _____

Expenses: Hotel _____

Transportation _____

Food _____

Hours or # of Presentations _____

ORGANIZATION _____

PHONE _____

FAX _____

EMAIL _____

ADDRESS _____

Principal

Librarian

Secretary

Other

PRESENTATION NOTES

_____ Author Visit Packet sent on _____

_____ Invoice sent on _____

Referral from _____