



## Presentation Confirmation

Company: \_\_\_\_\_

Location: (City) \_\_\_\_\_ (State) \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ extension: \_\_\_\_\_

Alternate number: (\_\_\_\_) \_\_\_\_\_ (cellular or home phone)

The Speaker typically arrives in the evening the day before presenting. An alternate number should be an after hours number where the contact person can be reached should a "glitch" in travel occur or to confirm the speaker's arrival.

**Location and address of Presentation venue:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of presentations:**      \_\_\_/\_\_\_/\_\_\_                      \_\_\_/\_\_\_/\_\_\_                      \_\_\_/\_\_\_/\_\_\_

<b>Time:</b>	1 <sup>st</sup>	:	_____	:	_____	:	_____
	2 <sup>nd</sup>	:	_____	:	_____	:	_____
	3 <sup>rd</sup>	:	_____	:	_____	:	_____

**Appropriate dress: Please circle one: Professional, Business Casual, Jeans, or Shorts**

**Closest Airports to Venue:** \_\_\_\_\_

**Hotel recommendations:** \_\_\_\_\_

The Speaker will request directions to speaking venue after making the appropriate travel arrangements.

Order confirmation must be signed by both parties below. A 25% deposit of the presentation fee is requested on signing of this agreement. Another 25% is requested 30 days prior to the engagement. The balance of fees and travel expenses will be billed upon completion of the presentations, due on a net 30 basis. In the event of a cancellation or date change caused by the above named company, company agrees to forfeit any deposits and reimburse The Speaker for all NON-REFUNDABLE expenses incurred. NOTE: If for any reason The Speaker must cancel, any prepaid fees will be refunded and any expenses will be incurred by him.

Total of speaking fees quoted \$ \_\_\_\_\_ .00 . (Expenses not included.)

\_\_\_\_\_  
 Please Print Name and add Signature of Authorized Person

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Speaker's Signature

\_\_\_\_\_  
 Date

**IRS Employer Identification Number: 20-1583958**

Make all checks payable to **Martin Consulting LLC**

If you have any questions concerning this invoice, contact

John Martin  
 2321 Chairmaker Court  
 Charleston, South Carolina 29414  
 Phone 843 810 0298 Fax 843 769 4156