

Age To Age Inc.
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Speaking Engagement Information

GUEST SPEAKER PROFILE - PART 1

1. Name of Organization: _____

Contact Person: _____ Cell: _____

Address of activity: _____

(not P.O. Box) City: _____ Country: _____ Postal code/Zip: _____

Tel: _____ Fax: _____ Email: _____

Person responsible other than contact person: _____ Tel: _____

2. Please indicate the specific dates and times when speaker is expected to speak.

3. What is the planned emphasis for this meeting? (*Relationships, Mental Health, Addictions, Psychosocial, etc.*)

4. Location of the meeting (*if other than the office facility*) _____

5. ANTICIPATED NUMBER OF ATTENDEES: _____

6. CANCELLATION POLICY

Age To Age/Harrison S Mungal reserves the right to cancel any session, change the length or size of any session, or change the place of any session at his discretion at any time.

The event coordinator/planner agrees to provide thirty (30) days written notice to AGE TO AGE/HARRISON S. MUNGAL of cancellation prior to the first scheduled session.

7. PROMOTION

You are given permission to only use information, bios and pictures for marketing materials and the on-site conference/seminars, workshops, event brochure.

8. REMUNERATION/WAIVER INFORMATION (*payments made in Canadian dollars unless otherwise agreed upon*)

Event Payment: _____ (**consideration should be based on attendance**)

Honorarium (total amount): _____

Monies should be paid to speaker on or before the event. (*No more than 2 weeks following the event*)

***All honorariums should be addressed to "AGE TO AGE" for income tax purpose.**

9. Would there be Meals for the Speaker and an Assistant during the time period of the event. Yes No N/A

10. Would there be re-imburement if no meals are provided? (*receipt will be provided*) Yes No N/A

****Speaker prefers healthy snacks, bottled water, tea/coffee. No special dietary requests or allergies.***

"Knowledge is power. Information is liberating. Education is the premise of progress, in every society, in every family".

Kofi Annan

COMPENSATION & EXPENSES

1. Would there be Hotel accommodations for the Speaker and an Assistant? Yes No N/A

Please indicate the name of the hotel of accommodation. (If applicable - non-smoking.)

Name: _____ Telephone: _____

Address: _____ City: _____

Postal code/Zip: _____ Website: _____

2. Would there be round trip airline tickets for the Speaker and an Assistant? Yes No N/A

* Please note airline tickets/flight expenses should be reimbursed upon receipt of invoice on a separate payment

3. Would there be ground transportation for the Speaker and an Assistant between the airport and the Speaker's hotel and for duration of speaking engagement? (including return ground transportation to airport) Yes No N/A

4. Would there be re-imbusement if no driver is provided? (receipt will be provided) Yes No N/A

Driver's information

Driver's name: _____ Contact Number: _____

Airport/Location for pickup: _____

Arrival Date/Time: _____ Airline: _____ Flight #: _____

Departure Date/Time: _____ Airline: _____ Flight #: _____

MERCHANDISE

5. Can all merchandise be shipped prior to the event? Yes No N/A

(All shipping costs both to and from the event will be absorb by Age To Age/Harrison S. Mungal)

Addressed to: _____ City: _____

Address: _____ Country: _____

Postal code/Zip: _____ Contact number: _____

6. All merchandise will include a complete inventory sheet and price list in Canadian dollars including taxes (if applicable).

7. Would there be provided tables, Credit, Debit Machines and Canadian cash floats for sales of books, tapes, and/or other merchandise? Yes No (All sales should be sent no later than two weeks following the event).

8. Would there be someone to handle the sales of the merchandise? Yes No

TECHNICAL REQUIREMENTS (Multimedia presentations will be provided 5 days prior to event)

9. Would there be (micro phones)? Yes No N/A (Head Set and handheld preferred)

10. Would there be multi-media options? Yes No N/A

Official Use ONLY:
Date of Event: _____
Topic: _____
Amount agreed on: _____

In witness to their understanding and agreement to these terms and conditions, the parties hereby affix their signatures below.

Event Coordinator Signature: _____ Date: _____

Age To Age Witness: _____ Date: _____