



**Travel and Speaking Arrangements for
Sandy Geroux
Geroux Performance Group**

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

Date(s): _____ Name of Location: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Local phone number: _____ Toll-free phone number: _____
Contact at that location: _____
Location of room where I am to speak: _____

2. RESPONSIBILITY FOR MEETING *(both sets of numbers required)*

Person directly responsible for this meeting: _____
Work phone: _____ Home/cell phone: _____
Emergency Contact Person/Alternate: _____
Work phone: _____ Home/cell phone: _____

3. LODGING *(Client is to make the reservations)*

Name of Hotel: _____
Address of Hotel: _____
City: _____ State: _____ Zip Code: _____
Local phone number: _____ Toll-free phone number: _____
Confirmation Number for **NON-SMOKING ROOM**: _____

If a second lodging arrangement is needed:

Name of Hotel: _____
Address of Hotel: _____
City: _____ State: _____ Zip Code: _____
Local phone number: _____ Toll-free phone number: _____
Confirmation Number for **NON-SMOKING ROOM**: _____

4. TRANSPORTATION

Name of person meeting Speaker/Trainer *(if applicable)*: _____
Meeting Location (e.g., airport/baggage claim): _____
Work phone: _____ Home/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 phone number: _____ Toll-free phone number: _____