

BOOKING REQUEST FORM

Please note that you do not have to complete this form in its entirety. An EE representative will walk through the completion of the booking details upon submission of this request form via phone, email, and/or text.

NAME	PREFERRED EVENT DATE(S)
LOCATION / VENUE	
ADDRESS	
CITY	STATE ZIP
PHONE EMA	NIL
TYPE OF EVENT:	
☐ ENJOY VIRTUAL MEETING	NUMBER OF GUESTS (MINIMUM OF 12)
☐ REVIVAL POP-UP MEETING	☐ ONE TIME MEETING
☐ EXPERIENCE ELLE FOUNDATION MEETING	☐ RECURRING MEETING
☐ BOOK TIFFANY AS AN IN-PERSON GUEST SPEA	KER UNDECIDED
WHICH CATEGORY BEST DESCRIBES YOUR AUDIENCE:	
☐ FAMILY & FRIENDS ☐ CHURCH	☐ BUSINESS ☐ FRANCHISE ORGANIZATION
☐ SOCIAL ORGANIZATION ☐ MEDIA	\square school \square sports organization
OTHER (PLEASE DESCRIBE)	
IS THE MEETING GEARED TOWARD □ COUPLES □ COED □ LADIES □ OTHER	
DOES THE VENUE OFFER A PROJECTOR + SOUND TECHNOLOGY? \Box YES \Box NO	
ARE THERE ANY TOPICS YOU/YOUR GROUP ARE CURRENTLY STUDYING OR INTERESTED IN BEING EDUCATED ON? IF SO, WHAT TOPICS/MATERIALS ARE YOU INTERESTED IN?	
MARKETING MATERIALS (FOR EE OFFICE USE ONLY)	
INVITATIONS HARD COPY QTY	□ ELECTRONIC □ BOTH
FOLDERS	□ ELECTRONIC □ BOTH
☐ I WOULD LIKE A PUBLIC EVENTBRITE LINK SET UP THROUGH EXPERIENCE ELLE ☐ I WILL MARKET THIS EVENT TO ENCOURAGE PARTICIPATION ☐ I WOULD YOU LIKE TO CO-LABOR WITH EXPERIENCE ELLE ON MARKETING EFFORTS	