



The Lamplight Group, Inc.

11220 W. Florissant Avenue, Suite 252

Florissant, Missouri 63033

Phone: (314) 517-8775

Fax: (314) 741-9507

Dr. Ray Hagins' Booking Request Form

Dr. Hagins thanks you for your invitation to share in your upcoming event. Please complete this form and return it along with a formal letter of invitation. This form is a request for information only and should not be considered a confirmation. Please allow 2 weeks for a reply. **Videotaping of Dr. Hagins' lectures is not allowed!** Thank you.

Sponsor/Host Information

<i>Sponsor/Host of Event</i>				
<i>Phone</i>		()	()	
<i>Address</i>				
<i>City</i>		<i>State</i>		<i>Zip</i>

Contact Information

<i>Contact name</i>				
<i>Phone</i>		()	()	
<i>Fax</i>		()	()	
<i>E-mail</i>				
<i>Address</i>				
<i>City</i>		<i>State</i>		<i>Zip</i>

Event Information

<i>Type of Event</i>				
<i>Date(s) of Event</i>		<i>Time(s) of Event</i>		
<i>Requested Arrival Date</i>		<i>Requested Arrival Time</i>		
<i>Venue</i>				
<i>Address of Event</i>				
<i>City</i>		<i>State</i>		<i>Zip</i>
<i>How will the event be publicized?</i>			<i>Expected Attendance</i>	
<i>Other nationally known Invited Guest (if any)</i>				
<i>Theme of the Event</i>				

Participation Request

<input type="checkbox"/> <i>Conference Speaker</i> <input type="checkbox"/> <i>Workshop Facilitator</i> <input type="checkbox"/> <i>Guest Panel Participant</i> <input type="checkbox"/> <i>Other: _____</i>	<input type="checkbox"/> <i>Time Allotted _____</i> <input type="checkbox"/> <i>Display Table/Booth _____</i>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

General Information

<i>Your organization will provide:</i> <input type="checkbox"/> <i>Honorarium _____</i> <input type="checkbox"/> <i>Love Gift _____</i> <input type="checkbox"/> <i>Personal Gift _____</i>	<input type="checkbox"/> <i>Special Gift for WBLR _____</i> <input type="checkbox"/> <i>Other _____</i>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------