

Shane Salter

Intake Sheet

Date: _____

Date Requested	Contact Person	Telephone	Email
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Name of Organization: _____ Sponsor: _____

Location: _____ Layout: Theater Tables Other _____

Requested Services: **Keynote** **Workshop** **Moderator**

Length of message: **30 min** **45 min** **60 min** **90min** **All Day**

Conference **Theme:** _____

Objectives: _____

Major Talking Points: _____

Size and type of audience: _____

- Social Workers**
- Foster Parents**
- Adoptive Parents**
- Youth/ Ages:** _____ **Characteristics:** _____
- Other**
- All the above**

Contract Mail Date: _____ **Ratification Date:** _____

How did organization hear of Shane Salter? _____

EXPENSES: (Non refundable 50% deposit within two weeks to reserve date balance due upon service delivery)

Honorarium: \$ _____

Travel:

- a. Airline: _____ No layover Direct Bill T DLA Invoice
- b. Departing Location: _____ Time: _____ Arrival: _____
- c. Return Location: _____ Time: _____ Arrival: _____
- d. Ground Transportation: *Limo* *Shuttle Bus* *Staff Pick-up* *Car Rental*
- e. Hotel: _____ Nights: _____ Meals direct billed

NOTES: