|  |
| --- |
| **JET Speaker Booking Form** |
| Name of group |  |
| Type of group |  |
| Size of group |  |
| Age range of group |  |
| Name of group contact | Mr/Mrs/Miss/Ms/Dr/\_\_\_ |
| Position in group |  |
| Address (for correspondence)  |  |
| Contact telephone number |  |
| Contact email address |  |
| Date & time of engagement  |  |
| Time for speaker to arrive at venue |  |
| Time speaker will leave venue |  |
| Length of talk required |  |
| Any specific requests?\* |  |
| Location of engagement(Inc. Street name and postcode if possible) |  |
| Is car parking available & where? |  |
| Equipment available?(e.g. tables, DVD, TV etc) |  |
| How did the person/group hear about the Jon Egging Trust? |  |

**Please return your completed form to:**

**By Post:** Jon Egging Trust, The Old Bakehouse, Ufton Fields, Ufton, Leamington Spa, CV33 9NZ

**By Email:** info@joneggingtrust.org.uk