



## ROBERT ROYAL REQUEST FOR AN EVENT APPLICATION MUST BE TYPED & EMAILED OR FAXED. NO HANDWRITTEN REQUESTS

Today's Day & Date:,		
First Name:	Last Name:	
Primary Contacts Email Address:		
Primary Contacts Phone Number:	Cell:	
Secondary Contacts Email Address:		
Secondary Contacts Phone Number:	Cell:	
Name of Organization:		
Organization Website:		
	y □ Government □ Corporation □ Non-Profit	
☐ Association ☐ Speaker Series ☐ Other	·	
Additional Organization Details:		
Role in Event:   Donation  Awa	ard Recipient   Panelist   Moderator	
☐ Honoree ☐ Keynote Speaker ☐ MC	☐ Guest ☐ Other	
Prospective Date of Event (First Choice)	/ 2 <sup>nd</sup> Choice://	
Keynote Topic:		
	peaker: AM/PM End Time for Speaker:	_ AM/PM
Event Name:		_
dinner, reception or theater style seating) Do		n,





Panel Topic:			
Panelists: Specific Names and Affiliations (include all invited and confirmation status)			
City:	State/Province/Region:	Zip Code: Country:	
Closest Airport to Ve	enue:		
-	vide a description (i.e. size, ceo, employe		
	radio, television, newspaper) will be pres		
How is the event being	ng promoted?		
	ver expenses?   YES   NO If yes,		
Expenses Covered by	Organization:   Air Travel   Car Se	ervice/Rental   Hotel   Meals	
1 1	oducts (book, tapes, etc.) available for yo help sell Speaker's products?	,	
Honorarium:   YES	□ NO		
What is your budget fo	r a speaker?		
Deadline for response	e:/		
	ned, we require a 50% deposit immediate		

on our calendar. The remaining 50% is due 10 business days prior to the date of the event.

Please send your request to: <a href="mailto:INFO@ROBERTROYAL.ORG">INFO@ROBERTROYAL.ORG</a> FAX: 713.583.3584