



Request for Professional Development

Thank you for your interest in having me to speak at your school/organization. Additional information is needed to decide how we might work together. Please read over all information. Make note of each of the terms and conditions listed. This will help you in decision-making. This is a **work request** from you, not confirmation of work to be performed, date(s) or terms you may have requested, I will be happy to work with you regarding your preferred dates and make it an amazing, high quality professional development day for your staff. Once we work out the details, the actual binding contract will include the fee(s) for the work requested based on the information you've provided. It will be sent for your approval and signatures not later than (5) work days after review and any additional discussion regarding your requirement(s).

1. FEES. The fee is a single inclusive payment giving you a guaranteed fixed-cost quote. It includes the speaking/training fee as well as expenses (round trip travel, hotel, meals, ground transportation and parking) where applicable. It also includes a digital file of handouts for the session(s). **The fee will be guaranteed only for the date(s) on the final contract.**

2. PAYMENT. Payment is due and payable on the day the services are performed unless other arrangements have been made.

3. REQUESTED DATE(S) 1st Choice _____

2nd Choice _____

4. TIME: Start/finish time? _____

5. EXPECTED AUDIENCE. How many participants do you expect? _____

Who is likely to attend? Check the appropriate box:

Pre-K K-5 Secondary Admin Mixed K-12 Others

6. PRESENTATION FORMAT:

_____ CONFERENCE KEYNOTE (40- 90 min)

_____ WORKSHOP (1-6 hours client's choice)

_____ OTHER EVENT (PLEASE SPECIFY)

7. LOCATION OF EVENT _____

8. TOPIC: Please list the desired focus of the presentation or subject of workshop/program you are requesting.

Please complete the info requested below.

Your Name: _____ Position/Role _____

Name of School/Organization: _____

Address: _____

City _____ State _____ ZIP _____

Email _____ Best Contact Number (_____) _____

Date of Request _____

Other Information _____

Please return this request to me as an attachment to shaunafking@gmail.com. I will follow up as soon as I can and we'll work to find the dates that you're hoping for.

Questions? Call me at (301) 742-3616 from 9 am to 5 pm on Monday through Friday. Thank you.

Shauna F. King