

**Linda Hodgdon M.Ed., CCC-SLP**  
**Speech Pathologist**  
**Consultant for Autism and Related Disabilities**

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## **Linda Hodgdon Speaking Engagement Request Form**

**Please fill out this form and fax to  
248-879-2599. That will help us get started.  
I will contact you to discuss the details.**

**Date** \_\_\_\_\_

Request made by (Name) \_\_\_\_\_

(Position) \_\_\_\_\_

Organization \_\_\_\_\_

Contact person (if different from above) \_\_\_\_\_

Best time to call \_\_\_\_\_

**Contact Information:**

Complete Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**When are you planning for?**

Desired date \_\_\_\_\_

Do you have flexibility regarding date? \_\_\_\_\_

Comment \_\_\_\_\_

\_\_\_\_\_

**Where will the program be held?**

City \_\_\_\_\_ State \_\_\_\_\_

Country (if outside US) \_\_\_\_\_

Program site \_\_\_\_\_

Closest airport \_\_\_\_\_

Maximum driving time from program site to airport \_\_\_\_\_

**Program: (Mark answer with an X)**

What type of program are you interested in?

\_\_\_ Full Day \_\_\_ Short Presentation \_\_\_ Keynote \_\_\_ Other (please describe)

\_\_\_\_\_

Please describe purpose of program

\_\_\_ Conference \_\_\_ In-service Training \_\_\_ Other (please describe)

\_\_\_\_\_

How many people are you planning for \_\_\_\_\_

Please describe the audience \_\_\_\_\_

\_\_\_\_\_

Is there anything additional we need to be sure to talk about?

\_\_\_\_\_

\_\_\_\_\_

**I will try to contact you within a couple of days of receiving this information. Please be patient. If I am out of town, it may take just a bit more time.**

**I look forward to the possibilities.**