

BarOn EQ-i™ PRESENTATION REQUEST FORM

Steven J. Stein, Ph.D.

Presentation date: _____

Occasion: _____

Audience: _____

of Attendees: _____

Length of time: **Full Day** **½ Day** **# of Hours:** _____

What Time: _____

Single Speaker: _____ **Part of a larger program:** _____

Complete EQ-i? _____ **How many people?** _____

Association: _____

Address: _____

Location of session: _____
(Including room) _____

Contact person: _____

Tel.: _____ **Fax:** _____

Email: _____

Fee: _____ **Deposit:** _____