



# Matt Dragovits

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Contact Name:

Position:

Phone:

Cell:

E-mail:

Address:

Event Type: (Live or Virtual):

Approx. Audience Size:

Ages/Grade Level:

Number of Presentations:

**Presentation Start Time 01:**

Teacher/Contact:

Phone:

**Presentation Start Time 02:**

Teacher/Contact:

Phone:

**Presentation Start Time 03:**

Teacher/Contact:

Phone:

**Presentation Start Time 04:**

Teacher/Contact:

Phone:

Presentation Notes:

Organization Name:

Phone:

Fax:

E-mail:

Address:

Principal:

Librarian:

Secretary:

Teacher:

Other:

Preferred Speaker: (Select all that apply)

Matt Dragovits (Chicagoland or Virtual)

Melanie Dragovits (Chicagoland or Virtual)

Jeffrey Varab (Biloxi, MS area or Virtual)

Irma Torre (Orlando area or Virtual)

Requested Date:

Requested Sessions (Morning/Afternoon/Full Day)

Confirmed Date:

Confirmed Session:

**To be completed by Author/Artist**

Payment Received ( )

Author Visit Packet Sent on ( )

Invoice Sent on ( )

Thank you Sent on ( )