



# EVENT REQUEST FORM

PLEASE PRINT CLEARLY

One employer per request please. For over 3 locations, complete additional request forms, or attach info sheet.

TO: EVENT COORDINATOR  
 EMAIL: NEW@BENEFITPROJECTS.COM      FAX: 678-579-9595      PHONE: 678-579-9600  
 FROM: \_\_\_\_\_  
 FAX: \_\_\_\_\_      PHONE: \_\_\_\_\_      EMAIL: \_\_\_\_\_

**Whom May We Contact With Further Questions?**  
 Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Special Requirements**  
 Please indicate meeting or leader requirements (languages, educational certifications, audiovisual needs, presentation format, etc.)  
 Attach additional sheet if necessary:

**Authorization and Billing Method (Credit Approval Required)**  
 Please invoice the following person:  
 Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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You understand and agree that TBC will bill you directly for all fees and expenses related to the services requested herein. You agree to be solely responsible for paying all such fees and expenses.

All plan materials will be developed and/or provided by you, at your expense, to TBC for the sole purposes of conducting the services hereunder. You hereby warrant and represent that all information provided in the materials is and will be up-to-date and accurate. TBC reserves the right to cancel any assignment in which its consultants do not obtain necessary information or materials at least 24 hours before required to depart their base of operations for any assignment.

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**Location #** \_\_\_\_\_  
 Meeting Date(s) \_\_\_\_\_ Time(s): \_\_\_\_\_  
 Language(s): \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Location #** \_\_\_\_\_

Meeting Date(s) \_\_\_\_\_ Time(s): \_\_\_\_\_

Language(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**Location #** \_\_\_\_\_

Meeting Date(s) \_\_\_\_\_ Time(s): \_\_\_\_\_

Language(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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By executing below, you acknowledge and agree to the terms and conditions specified herein. This request form is not intended to modify or amend the terms and conditions of any existing services agreement between TBC and you or your affiliate. The parties agree that facsimile signatures shall be deemed original signatures and legally binding.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

**To Be Completed if Paying by Credit Card**

Please charge my  VISA  Master Card  American Express.

Name (as it appears on card): \_\_\_\_\_

Address (required): \_\_\_\_\_

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I understand and agree that Total Benefit Communications, LLC will charge the above credit card 25 days after the invoice date. The charge will be processed by Ascensus (EIN 11-3665754) parent company of Total Benefit Communications, LLC. Facsimile signatures shall be legally binding.

**Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_