

Event Request Form



an ascensus® company

Please complete one request per employer. For more than three locations, complete additional request forms or attach an info sheet. Please print clearly using black or blue ink.

To Event Coordinator

Email New@Benefitprojects.com Phone 678-579-9600

From _____

Name _____ Phone _____ Email _____

Benefit Provider Contact for the Plan

Name _____ Company _____

Phone _____ Email _____

Special Requirements

Please indicate meeting or leader requirements (languages, educational certifications, audio visual needs, presentation format, etc.) Attach additional sheet if necessary.

Location # _____ Phone _____

Meeting Date(s) _____ Time(s) _____

Alternate Meeting Date(s) _____ Time(s) _____

Language(s) _____

Company Name _____

Street Address _____

City/State/Zip _____

Contact _____ Email _____

Location # _____ Phone _____

Meeting Date(s) _____ Time(s) _____

Alternate Meeting Date(s) _____ Time(s) _____

Language(s) _____

Company Name _____

Street Address _____

City/State/Zip _____

Contact _____ Email _____

Location # _____ Phone _____
Meeting Date(s) _____ Time(s) _____
Alternate Meeting Date(s) _____ Time(s) _____
Language(s) _____
Company Name _____
Street Address _____
City/State/Zip _____
Contact _____ Email _____

Authorization and Billing Method (credit approval required)

Please invoice the following person.

Name _____ Company _____
Street Address _____ City/State/Zip _____
Phone _____ Email _____

Please send information on how to pay by credit card with the invoice.

Email sent through the Internet is not secure. Do not use email to send Total Benefit Communications® (TBC) confidential information such as credit card numbers or other such personal information. Your email messages are subject to review by TBC, its officers, agents, and employees.

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. You understand that if you cancel the event within 4 business days before the assignment start date you will be charged \$300 plus all incurred 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.

You understand that TBC does not and will not provide any investment, tax, legal or accounting advice, or any product sales services.

You agree to indemnify and hold harmless TBC and each of its affiliates, directors, officers, employees, shareholders, and agents against all losses, claims, damages, liabilities, or expenses (including reasonable attorneys' fees) arising out of your gross negligence or willful misconduct.

TBC expressly disclaims all warranties of any kind, express or implied, with respect to the services provided hereunder, including the implied warranties of merchantability or fitness for a particular purpose.

TBC will not be liable for any special, indirect, incidental, consequential, or similar damages, including lost revenue, lost profits, and lost or damaged data, even if TBC was advised of the possibility of such damages.

TBC's aggregate liability for all damages whatsoever will not exceed the service fees TBC received pursuant to this request form before TBC receives written notice of the first damages claim. This limitation on TBC's liability will not apply to direct damages caused by TBC's fraud, gross negligence, or willful misconduct.

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 _____



678-579-9600



tbc@benefitprojects.com

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