

Primary Contact –								
Timary Contact								
Name:			Profe	essional Title:				
Company name:			Phon	Phone:				
Email:	Website URL:							
Details — Workshop or title:								
Workshop of title.								
Length: 30 min	45 min	60 min	half day	full day				
Preferred start time:								
Description in 300 words or less (this will be used in marketing materials)								



Speakers, trainers, presenters within your workshop

Name:	Professional Title:
Company name:	Email:
Bio:	
Name:	Professional Title:
Company name:	Email:
Bio:	



Speakers, trainers, presenters within your workshop

Name:	Professional Title:
Company name:	Email:
Bio:	
Name:	Professional Title:
Company name:	Email:
Bio:	



Protorrod cocial modia linuc for marvoti	nd materials					
Preferred social media links for marketi	ng materials					
LinkedIn (URL):	X:					
Other:	Other:					
Notes, equipement, special needs:						
Please return the completed form to <u>Jonath</u>	ianMurphy@gogeo.ca with your logo(s)	and headshot(s)				
GoGeomatics re	serves the right to modify the schedule.					
oodcomates reserves the right to modify the senedate.						