

Primary Contact ———————————————————————————————————								
	Comac							
Name:					Professional Title:			
Company name:					Phone:			
Email:					Website URL:			
Details -							_	
Workshop or 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:
D:	
Bio:	



Speakers, trainers, presenters within your workshop

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



Protorred cocial modia links for marketing material	c
Preferred social media links for marketing material	5
LinkedIn (URL):	X:
Other:	Other:
Notes, equipement, special needs:	
Please return the completed form to JonathanMurphy@g	ogeo.ca with your logo(s) and headshot(s)
GoGeomatics reserves the righ	nt to modify the schedule.