

PILOXING ACADEMY

PLEASE COMPLETE & RETURN VIA FAX (818) 762-8856 OR EMAIL TO: info@piloxing.com

Today's Date: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Facility Contact Name: _____

Direct Line: _____ Email: _____ Cell: _____

Possible Workshop Dates: _____

Workshop Time: 8:00am-5:00pm (facility needed from 7:00am-6:00pm) ___ YES ___ NO

How many potential registrations do you have? _____ Room Capacity # _____

Flooring type _____ Mirrors? _____

Parking? _____ If yes, how many spaces? _____

How many tables can you provide for registration and product sales? (Preferably 3) _____

Can you provide mats? ___ If yes, how many? _____

Can we pre-ship workshop supplies to your facility 2 weeks prior to workshop? _____

Closest Airport: _____

of miles from airport to your facility? _____

Airport Address: _____

Hotel nearby: _____

of miles from hotel to your facility? _____

Hotel Telephone: _____

Hotel Address: _____

I AGREE TO THE TERMS OF THIS AGREEMENT:

Name: _____

Title: _____

Signature: _____

Facility: _____

Date: _____