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| **\*PRESENTER/ORGANIZATION:** | | | | | | | | | | | | | | Rasmussen Group, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*PROGRAM TITLE:** | | | | | | | | Touch-a-Truck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*VENUE:** | | | East Side Library Meeting Room, 2559 Hubbell Avenue, Des Moines, IA 50317 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [**Zoom Request Form**](https://forms.office.com/Pages/ResponsePage.aspx?id=yvTRtZprxkGF4e2PSYpaNSRjgca1kxJGo_vec6UzB0NUMjZQRUpSNDhCVUtETldIV1pKVzRaVkJZWC4u) | | | | | | | | |
| **\*EVENT DATE(S):** | | | | | | Friday, July 7, 2023 or type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*EVENT TIME(S):** | | | | | | 10AM | | | | | | | | | | | | | | | | | | **\*LENGTH OF PROGRAM:** | | | | | | | | | | | | | | | 1 hour | | | | | |
| (The program agreement will include an arrival time of 15 minutes prior and departure time of 15 minutes after.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EQUIPMENT REQUESTED:** | | | | | | | | | | | |  | | | **Podium** | | | | |  | | | **Microphone** | | | |  | | | **Projector/Screen** | | | | | | | | | | | |  | | **None** |
| **ROOM SETUP:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ITEMS TO SELL:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **No Sales Allowed** | | | |
| **BOOKSELLER:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **INFORMATION REQUESTED:** | | | | | | | | | | | | |  | | **Photo** | | |  | | | **Program Summary** | | | | | | | | | | | | |  | | | **Presenter Pronouns** | | | | | | | |
|  | | | | | | | | | | | | |  | | **Bio** | | |  | | | **Video Release - # of days:** ### | | | | | | | | | | | | |  | | | **None** | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*NAME OF CONTACT:** | | | | | | | | | | | **Mr.|Ms.|Mx.** | | | | | Katie Sears | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*ADDRESS:** | | | | 5550 NE 22nd Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*CITY:** | Des Moines | | | | | | | | | | | | | | | | | | **\*STATE:** | | | | | | | Iowa | | | | | | | **\*ZIP:** | | | | | | | 50316 | | | | |
| **\*PRIMARY PHONE:** | | | | | | | | | | 515-266-5173 | | | | | | | **EMAIL:** | | | | | | | | kasears@rasmussengroup.com | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*PROGRAM COST?** | | | | | | | | | $0.00 | | | | | | **TRANSPORTATION COST:** | | | | | | | | | | | | $ 0.00 | | | | | | | | **OR # MILES:** | | | | | | | | # | |
| **\*Note: If mileage is subject to change we will wait until an invoice is received after the program before we cut and mail a check. Please keep program cost separate from transportation cost if that is the case.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **\*ACCOUNT** | | | | |  | | | | | **Choose or Type** | | | | | | | | | | | | | | **OTHER INFO:** | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAYMENT TYPE:** | | | | | | | |  | | | **Prepayment required** | | | | | | | |  | | | **Check (to be given at last scheduled program)** | | | | | | | | |  | **Presenter will send invoice to be paid later** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **All program agreements will be prepared for Email delivery unless print/mail delivery is necessary.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*REQUESTOR:** | | | | | Nichole Foxhoven | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WORK PHONE:** | | | | | | | 515-248-6250 | | | | | | | | | | | | | | **OTHER PHONE:** | | | | | | | 515-283-4152 x3 | | | | | | | | | | | | | | | | |
| **EMAIL:** | | nmfoxhoven@dmpl.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |