LACE INSTITUTE

Workshop Request Form

Contact Information

Your name:	Title:
Company/Organization Name:	Business Address: Billing Address:
Phone Number:	Email Address:
How did you learn about the L.A.C.E. Institute?	

Audience Information

Number of Participants:	Age range of audience/participants:
Event Name:	Additional Information:

Scheduling Information

Type of Workshop: General Health & Wellness Image Hair Health & Maintenance Character Education Professional Etiquette Dining Etiquette Fast Food versus Fresh Food	Potential Date(s) of Workshop(s): Single Workshop – 60 min. or 90 min. Seminar – 2 hours or 3 hours Weekly Workshop or Bi-Weekly Workshop
Requested Time:	Budgeted amount for workshop:
Location Address/Room:	Type of audio/visual equipment available: Microphones necessary: yes no Microphones available: yes no Wireless Internet/Ethernet: yes no

Please email this form to info@laceinstitute.org and place [**WORKSHOP**] in the subject line.
Thank you for your request. We will contact you shortly.