

Primary Contact ———————————————————————————————————					
Timary Contact					
Name:	Professional Title:				
Company name:	Phone:				
Email:	Website URL:				
Details —					
Workshop or demonstration title:					

Description in 300 words or less (this will be used in marketing materials)

60 min

45 min

Length:

30 min



#### Speakers, trainers, presenters within your workshop or demonstration

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



#### Speakers, trainers, presenters within your workshop or demonstration

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



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Other:				
Notes	, equipement, specia	al needs:		
	Please return the comple	eted form to info@gogeomati	cs.ca with your logo(s)	and headshot(s)
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