

Tanglewood Wellness Center

Event Request Form

Contact Information Please print clearly

Name _____
Street Address _____
City, State, Zip _____
Phone 1 _____
Phone 2 _____
E-mail _____

Tanglewood Wellness Center
6135 Mountindale Road
Thurmont, MD 21788

301-898-8901
info@TanglewoodWellnessCenter.com

Today's Date: _____

Date(s) you are interested in having Loren Lockman speak: _____

Describe the proposed event: _____

How many people do you expect to draw? _____

Are you a part of an organization that would be sponsoring this event? If so, what organization?

Describe your organization, ie. purpose, local contacts, length of time in operation, etc.

What other events have you and/or your group organized and what were your experiences?

Is there anyone else that will be helping you with this event? If so, what is their contact information?

When is the best time to reach you? _____

Thank you for your interest in the Tanglewood Wellness Center.