



Request for Booking

Loss Control Seminar for RECO Registrants

Presented by: Somerset Insurance Consulting

Sponsored by: Dion, Durrell + Associates Inc. (Program Manager)

Name: _____

Address: _____

Phone Number: _____

Real Estate Board: _____

Position at Board: _____

(requests must come from a representative of the Board)

Seminar
Requested For: Year: 2008 2009

Month: January February March April
 May June July August
 September October November December

(Check the year and month requested, if a specific date is required, please enter it below)

Special Date
Requests: _____

(e.g. seminar requested for presentation at Annual General Meeting)

Venue or Location: _____

Capacity of
Venue or Location: _____

Expected Number
of Attendees: _____

(A minimum of 30 attendees required)

On-Site
A/V Equipment: Yes No

Details: _____

*In you have any questions, please contact the Program Manager
at the telephone number or email address provided above.*