

WORLD LAUGHTER TOUR—INQUIRY/INTAKE RECORD

Date of contact: _____ Phone: _____ FAX: _____

Contact with (name): _____

Company/Organization: _____

Position: _____ Profession: _____ CE? _____

Street: _____

City/State/Zip: _____

E-mail: _____ Website: _____

How did you hear about WLT? _____

Is this a Business? School? Long term care? Healthcare/hospital? Other? _____

Describe: _____

Request: _____

Fee Quoted & Reaction: _____

SEND: LETTER VIDEO BROCHURE PRINT BROCHURES ARTICLES SUBSCRIBE

WHAT ELSE???

FOLLOW UP: _____

OTHER INFO: