



CHOICE & CONSEQUENCE™
THE REAL INSIDE STORY™ (TRIS) TRIP SHEET/POLICY AGREEMENT

Please call 360-422-5704 with questions. This trip sheet/policy agreement is a fillable form. Please complete and click the submit button at the bottom of the page. When your completed document is received, an email confirming your presentation day will be sent. **Your date with Colleen Williams cannot be confirmed without return of this form.**

Company Name/Event: _____

Emergency Phone: (This could be a home number of someone in case of a last minute emergency) _____

Contact Name: _____ Email address: _____

Phone: _____ Cell: _____ Fax: _____

Event **Physical Address:** _____

City: _____ State: _____ Zip: _____

TRIS Date: _____ Cost: _____

Presentation	TRIS Presentation Time Slot (s)	OR/ Health Fair Time	Number of Participants
1			
2			
3			
4			
5			

CC provides up to a maximum of 5 presentations per day, each 60-90 minutes long or will do TRIS health fair style or combination of both. Please put time in the correct column. The larger the group, the more time is required. Set up time is one hour before the first presentation of TRIS or the start of the health fair.

Who is meeting us one hour early? _____ Phone: _____ Meeting place: _____

Comments or special instructions: _____

Billing Information

Paying Organization: _____

Contact Name: _____ Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I agree that my name typed below will serve as my original signature. By signing, I have read and agree with the terms of the CC Policy for providing TRIS Services. Please print a copy for yourself and click on submit using the buttons below to complete your trip sheet/ policy agreement or fax to 360-422-5862.

Signature: _____ Title: _____ Date: _____