Steve Swenson Professional Consultancy



Client Enquiry Form

| Date: | Name: | - | |
|--|--|---|--|
| Business Name: | | <u>-</u> | |
| Business Type: | | | |
| Address: | | | |
| Phone: () | Mobile: | | |
| Web: | Email: | | |
| Services Enquiring about? Please tick | | | |
| Leadership Training | Personal Coaching | Facilitated Workshops | |
| Keynote/Motivational Sessions | Program/Culture Reviews | Public Speaking Training | |
| Event MC | Team Culture Audit | Other: | |
| Approximate Number of Participant | s: | | |
| Requested Date/s: | | - | |
| Other Relevant Information: | | | |
| | | | |
| | | | |
| | | | |
| Are you interested in any of the follo | owing topics: Please tick | | |
| The Empowering Leadership Series | Positive Leadership Personality Leadership Wisdom Series | | |
| Attributes of a Positive Team Player | r Effective Public Speaking | Effective Public Speaking When life hits the fan! | |
| Organizational Culture Package | Mental Health & Well Beir | ng Stairway to Hope | |
| • | • | | |
| | | | |