



Exquisite Management Incorporated

Consulting Request Form

Complete the information below and return to be scheduled for a consultation.

Business Information

Company	<input type="text"/>
Business address	<input type="text"/>
Business phone	<input type="text"/>
Business fax	<input type="text"/>
Business email address	<input type="text"/>
Manager's name and phone	<input type="text"/>
Assistant's name and phone	<input type="text"/>
Web page address	<input type="text"/>
Amount of Employees	<input type="text"/>
Amount of Revenue	<input type="text"/>

Services (select the services needed)

<input type="checkbox"/> Business Consulting (Start-Up / Expand)	<input type="checkbox"/>
<input type="checkbox"/> Employment Recruitment	<input type="checkbox"/>
<input type="checkbox"/> Call Center Management (Start-Up / Expand)	<input type="checkbox"/>
<input type="checkbox"/> Document Translation (SPA/ENG)	<input type="checkbox"/>
<input type="checkbox"/> Freelance Writing	<input type="checkbox"/>
<input type="checkbox"/> Social Media Site Development	<input type="checkbox"/>
<input type="checkbox"/> Social Media Site Management	<input type="checkbox"/>
<input type="checkbox"/> Fundraising Coordination	<input type="checkbox"/>
<input type="checkbox"/> Diversity Training	<input type="checkbox"/>
<input type="checkbox"/> Team Building Training	<input type="checkbox"/>
<input type="checkbox"/> Advertising / Promotion	<input type="checkbox"/>

Availability (Provide different date and times available for consult completion)

DATE	TIME	AM / PM
#1	#1	#1
#2	#2	#2
#3	#3	\$3

Please provide additional important information below:

Thank you for choosing Exquisite Management Incorporated.

