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[www.SpecializedSchedulers.com](http://www.SpecializedSchedulers.com)

*Please complete the following information to provide us with a brief overview of your territory and business practices. We will be reviewing this information in addition to your client spreadsheets and calendar rotation during a scheduled call. Thank you.*

CLIENT NAME:

COMPANY NAME:

PHONE NUMBER:

EMAIL ADDRESS:

ADDRESS:

ADDRESS:

INTERNAL SALES NAME:

INTERNAL SALES PHONE:

EMAIL ADDRESS:

DIVISION COVERED:

TERRITORY COVERED:

LENGTH OF TIME IN TERRITORY:

**Outline of ideal day scheduled; ie types of appointments and number of appointments**

**Indicate types of meetings you would like to have scheduled with a check mark:**

Breakfast Meetings:

Walk Throughs:

Multiple one on one meetings in wire houses 15-30 min back to back:

Group lunch meetings: In Office:  Out of office:

Cocktail Meetings:

Dinner Meetings:

CE Meetings:

**Permission to send email appointment requests to clients in addition to phone calls: Yes  No**

Focus Firms:

Additional Information: