



Return Completed Form To:
Mike Langford - Clinic Chair
"The Derby City Express"
9140 Trelawney Court
Cincinnati, OH 45251-3034
1-513-307-9689
LAFOOTE@aol.com

Personal Information (Will Not Be Released To Anyone Else)

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Website: _____

Clinic Information (Attach Copy of Any Handouts You May Have)

Clinic Title: _____

Requirements For Clinic:

- 35mm Slide Projector
- Transparency Projector
- Computer
- Electric Outlet (If supplying your own electrical items be sure they are safe)

Preferred Time Frame:

- Morning
- Afternoon
- Evening

Short Description of Clinic: (Write legibly and use second page if required)

This Area For Office Use Only!
Date Received

Date Notified

Clinic Scheduled

