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**Consulting Inquiry Form**

**Date:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Principal(s):** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Description of professional services needed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any specific timelines:**

\_\_\_\_\_  
\_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**My consulting fees are negotiated by the project or by the hour. A Consulting Agreement will be signed before services are rendered.**