



CREATIVE LIAisons

2021 Mentee Detail Form

COMPLETE AND RETURN TO:

laurissa@liaawards.com

Mobile: +1 760 415 1497

First Name (as it appears on your ID): _____

Surname (as it appears on your ID): _____

Mobile Number: Country Code: _____ Phone Number: _____

Work Email: _____ **Personal Email:** _____

Date of Birth: Day: _____ Month: _____ Year: _____

SOCIAL MEDIA DETAILS

Twitter Handle: _____ **Instagram Username:** _____

Facebook Link: _____ **LinkedIn:** _____

COMPANY DETAILS

Company: _____

Job Title: _____

Company Street Address: _____

City: _____ **Province / State:** _____ **Postal / Zip Code:** _____

Country: _____

Office Direct Line: Country Code: _____ Phone Number: _____

Supervisor Name: _____ **Supervisor Email:** _____

Comms / PR Director: _____ **Comms / PR Director Email:** _____

BACKGROUND INFO

Have you previously attended Creative Liaisons? Yes No If Yes, @ what time?: _____

How many years have you been in the industry: _____

Areas of Interest (choose all that apply):

Art	Copy	Public Relations
Music	Data	Technology
Digital	Production	
Other		

Any specific topics you would like covered: _____

What are you hoping to attain from your 3 mentor sessions? _____

Are you proficient in English? Yes No If No, what language: _____

Additional Information: _____