

GOOGLE 50 MIN SESSIONS

Personal Information

Name: _____
First Last

Phone number: _____ City: _____

Business or Personal Email: _____

Business Name: _____

Business website (optional): _____

Business type: Retail Restaurant other (specify) _____

Day of Week available: Mon Tues Wed Thurs Fri

Best Time: _____ AM PM

Session Requested: Google Overview Business Profile Google Ads

Google Analytics Other topics: (specify) _____

Call to schedule your session via phone at (870)584-1156 or (870)584-1137

OR email completed form to abradshaw@cccua.edu ; khill@cccua.edu