

VANGUARD GLOBAL SOLUTIONS

Client Intake & Engagement Request

Organization / Individual Name:

Primary Contact Name:

Email Address:

Phone / Secure Contact:

Service Requested

- ☐ Protective Security
- ☐ Consulting
- ☐ Training
- ☐ Logistics Support
- ☐ Other: _____

Region(s) of Operation

☐ North America ☐ South America ☐ Europe
☐ Africa ☐ Middle East ☐ Asia-Pacific

Project Overview

(Brief description of requirements)

Timeline / Urgency

☐ Immediate ☐ Short-Term ☐ Long-Term

Additional Notes

Submission of this form does not constitute acceptance or obligation.