

SPEAKER PARTICIPAION REQUEST FORM

EVENT NAME:

EVENT LOCATION:

EVENT DATE:

EVENT START TIME: EVENT END TIME:

WHAT TIME WILL THE MAJORITY OF GUESTS ARRIVE?:

***Please complete this form in its entirety**

****Participation times should be as exact as possible**

CONTACT PERSON:

PHONE NUMBER:

ADDRESS:

E-MAIL:

PERSON WHO WILL MEET/ASSIT THE SPEAKER
DURING THE ENGAGEMENT:

IS THE AUDIENCE INTERNAL, EXTERNAL, CHURCH GROUP,
SCHOOL (PLEASE BE SPECIFIC):

NUMBER OF PEOPLE EXPECTED:

AGE RANGE OF AUDIENCE:

IS THERE A THEME FOR THIS EVENT?:

PLEASE PROVIDE A BRIEF HISTORY OF THIS EVENT
(I.E. INAUGURAL, ANNUAL, ETC.):

WILL FOOD, LODGING OR TRAVEL EXPENSIES BE PROVIDED?:

WHAT IS THE GROUPS INTEREST IN HEARING OUR SPEAKER?:

DOES THE GROUP HAVE ANY SPECIAL INTRESTS OR CONCERNS THAT SHOULD BE ADDRESSED?:

IS THERE A TOPIC THAT YOU WOULD LIKE ADDRESSED IN OUR SPEAKERS REMARKS?:

SHOULD THE SPEAKERS REMARKS BE FORMAL OR CONVERSATIONAL:

WILL THERE BE PEOPLE IN THE AUDIENCE WHO SHOULD BE RECOGNIZED? (I.E. HIGH RANKING ACTIVE DUTY OR RETIRED MILITARY OR POLITICIANS OR OTHER DIGNITARIES):

HOW MUCH TIME WILL OUR SPEAKER BE ALLOTTED?:

ARE THERE OTHER SPEAKERS? IF SO, WHO?: