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Speaker's Request Form

PLEASE COMPLETE THIS FORM AND FAX TO 931-645.3500

The Organization

Name: _____
 Address: _____
 Date of the Event: _____
 Contact Person: _____ Title _____
 Phones/Fax: _____
 Email: _____
 Type of Organization: (Mission/Goals Membership): _____

If the organization is a church, the denomination: _____

The Event

Type of Event: _____
 Audience (Type and Size) _____
 Location of Event: _____
 Venue (Auditorium/Hotel/Conference Room/Lecture Hall/Stage: _____
 Nearest Airport: _____
 Distance from Airport/Hotel to the site: _____
 If in the Midwest, driving distance from Clarksville, TN: _____

The Presentation

Topic: _____
 Time of Presentation: _____
 Proposed Honorarium: _____
 Length of Presentation: _____ Question & Answer Y N
 Type of Presentation: (Please check one or more of the following:)

<input type="checkbox"/> Keynote	<input type="checkbox"/> Plenary	<input type="checkbox"/> Workshop
<input type="checkbox"/> Dinner Speaker	<input type="checkbox"/> Luncheon Speaker	<input type="checkbox"/> Moderator
<input type="checkbox"/> Formal Poetry Reading	<input type="checkbox"/> Informal Poetry Reading	<input type="checkbox"/> Lecture
<input type="checkbox"/> Sermon (General)	<input type="checkbox"/> Sermon (Women)	<input type="checkbox"/> Sermon (Youth)

Can Dr. Foston's Books and other merchandise be sold? Y N

For Office Use Only:
 Request Received _____ Processed by: _____
 Accepted: Y N Date: _____ Confirmed: Y N Date: _____
 Comments: _____
