Kim Milton-Mackey Speaking Engagement Request

Please complete this information in its entirety.

By entering my personal information, I consent to receive email communications from the survey author's organization based on the information collected.

First Name:		Last Name:	
Company Name:			
Work Phone:		Mobile Number:	
Email Address:		Alternate email address:	
Address 1:			_
Address 2:			
City:	St	ate/Province:	
(US/Canada):	Po	ostal Code:	
Host Contact Inform	nation (who is hosting the eve	ent):	
Web address URL:			
Facebook Page:			
Requested Date an	d Time:		
Type of Event:	□ Seminar/Workshop□ Summit	Evening Worship ServiceConvention	

☐ Conference	□ Other
Comment:	
Please indicated the time allotted for to speak?	
Will the event be videotaped? If yes, we reserve	some rights to duplicate. ☐ Yes ☐ No
Comment:	
Will the event be audio taped? If yes, we reserve	some rights to duplicate. ☐ Yes ☐ No
Comment:	
What is the event theme?	
If applicable, what are the event topics, scripture((s), etc
What is the event color scheme and/or attire?	
Is there a Special Topic you want addressed? If y ☐ Yes ☐ No	yes, please provide specific details in the comment section.
Comment:	
Location of event (if different from church/organiz	cation location):
What is the occupancy of event facility?	

What is the estimated expected # of those in attendance?	
Is this a ticketed event? If yes, what is the cost of entry? . □ Yes □ No	
Comment:	
What is your budget that has been set aside?	

^{**}Upon execution of the contract, a 50% deposit will be required within 7 business days**

Please consider the following logistics request when submitting this form:

۱.	Product Table			
2.	Please include any additional information/comments to assist us with your request.			
3.	Now that you have completed the form in its entirety, please provide us with your letter of invitation, and any other information on your church/organization that you would like to share.			