



## SPEAKER'S REQUEST FORM

### Ministry Information

Name of Church/Ministry/Organization: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Event Information

Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Length of Event: \_\_\_\_\_

Event Location \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Theme and Scripture: \_\_\_\_\_

Dress Attire for Event: \_\_\_\_\_

### Accommodations

Hotel Name: \_\_\_\_\_

Hotel Address \_\_\_\_\_

Hotel Main Phone: \_\_\_\_\_ Hotel Fax: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_ Check In/Out Times: \_\_\_\_\_

### Transportation

Company or Person: \_\_\_\_\_

Pick-up Time and Location: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## LENNETT J. ANDERSON MINISTRIES

Attn : Wendy Clarke – Scheduling Coordinator

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