



Guest Speaker Request Form

Requestor contact Information

Name: _____

Company, Organization or Affiliation: _____

Professional Title: _____

E-Mail Address: _____

Event Information

Event Name: _____ Date of Event: _____

Event Theme: _____

Provide detailed information of the event:

Organization or Event Website: _____

Contact person to coordinate details with:

- Same as above
- Different from above (*please indicate*): _____

Audience description: _____

Expected audience size: _____

Will media be invited to the event: Yes _____ No _____

Expenses: What will host provide:

- Hotel accommodations
- Meal
- Travel

Honorarium: Fixed (amount): _____ or Love Offering: _____

Speaker Details – Speaker acceptance: Yes _____ No _____

Response required by: _____

What additional roll (s) may guest be expected to play? _____

Length of expected participation: _____

Please indicate materials that will need to be provided (Photo, Bio, etc.): _____

Submit to:

Terina Kelso Ministries
PO Box 26118
Jacksonville, FL 32226

P. (904) 377-0494 | F. (888) 904-4849 | E. Terina@TerinaKelso.com