

Fr. Maurice Emelu's Speaker Intake Form

Contact Name: _____

Name of Organization or Event: _____

Phone: _____ Fax: _____

Email: _____

Mailing Address: _____

Speaking Topic: _____

Date and Time of Event: _____

Event Location (city, state, and hotel/venue): _____

Length of Presentation Time, Days and Hours: _____

Multiple Presentations Needed?: _____

Audience Size: _____ (If unsure give estimate)

Describe the audience. What do they do? What are their challenges? What do they want to learn/take away from this session? _____

_____ (You can attach a sheet if space is insufficient)

A/V equipment available?: Yes ___ No ___. Internet access available?: Yes ___ No ___

Vendor table available for book /resource materials sales/distribution?: Yes ___ No ___

Onsite event contact name and cell phone number: _____

If Catholic: Ecclesiastical Authority's Approval (Bishop/Pastor): _____