

Invitation Request Form

Rev. Dr. Diane Givens Moffett

Please submit this form electronically to requests@stjamespresby.org
or fax to 336-273-6690

Requested Date of Service:

Event Purpose:

Event Time:

Event Location:

Event: *(Please Check Appropriate Box)*

Conference

Assembly

Revival

Anniversary

Regular Worship Service

Seminar/Workshop

Small Group

Other

Is there a theme for this event? Yes No If so, what is it?

Is the event open to the public? Yes No Expected attendance?

Will there be other speakers at this event? Yes No

Is a draft of your event program/schedule available? Yes (if so please provide) No

What type of promotion/advertising will be done for this event?

(Please mail, fax or email a copy of the program and/or any promotion materials to SJPC)

Are any special activities planned after your event? Yes No

If so, please describe:

Host Information:

Organization Name:

Mailing Address:

Phone:

Fax:

Email:

Event Contact:

Contact Phone:

Is permission requested to record in any of the following formats?

Video

Audio

CD Other

Is permission granted to display and offer our tapes/books? Yes No

Is volunteer assistance available from the Sponsor to assist with such display? Yes No

Travel/Lodge Accommodations and Honorarium Information:

Travel: Arranged/Paid by Sponsor Arranged/Reimbursed to Speaker

Air

Train

Auto

Hotel: Arranged/Paid by Sponsor Arranged/Reimbursed to Speaker

Honorarium Amount: \$