

Mark Buchanan Speaking Request Form

Organization/Church: _____
Contact Person: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail: _____ Website: _____

eventdetails

Purpose of event: _____
Theme of event (if chosen): _____
Date(s) of event: _____ Location: _____
Number of sessions: _____ Length of sessions (i.e., 45 minutes): _____
Time of sessions (ie., 7 pm): _____
Other expectations: _____

audience details

Average age: _____ Male/Female ratio: _____
Expected size of group: _____ Believer/Non-believer ratio: _____

other

Travel and other costs covered? *
 yes no
Meals and accommodation covered? * yes no
RSVP by: _____

Are you able to provide a table for book sales? yes no
Are you able to provide a volunteer to assist with book sales? yes no
Proposed honorarium*: _____

***For accountability, support and mentoring reasons, Mark usually does not travel alone. Mark could be bringing another person with him at the event's expense.**

**Please make all payments to M.A. Buchanan, Inc.
Government requires the addition of 5% GST on all honorariums. GST # 873758510**

Be sure to fill in all sections. Attach a schedule for the event if available and return the completed form to cheryl.buchanan63@gmail.com.

Office use only

Confirmed _____
 Declined