

Speaking Engagement Form
Barbara W. Green
Inner Reflections

Please Complete and Return Immediately

Name of Organization _____

Address _____ Zip _____

Type of Event: Workshop Keynote Speaker Trainer Facilitator
 Retreat Other

Location (Address) of Event _____

Date of Event _____

Contact Person(s): Name Day # Night #

Coordinator _____ _____ _____

E-mail Address _____

Time of Event _____ (AM) _____ (PM)

Length of Presentation _____ (Hour(s))

Theme/Scripture/Topic _____

Expected audience # _____

Suggested Dress _____

Please Note: Payment is due at the time services are rendered

Thank you for your business!

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