



Speaker Request Form

Christopher M. Houston

The enclosed is the speaking request form for Christopher M. Houston. Please read carefully and submit documents as requested in order to secure your event.

Speaking Engagement Request / Questionnaire

If you would like to have Christopher M. Houston speak at your engagement, please fill out our Speaker Request form below. If you have questions, please contact **Tony Middleton** of Bridge of Life Ministries at **TonyMiddleton66@yahoo.com** or 1-844-369-6767.

HOST INFORMATION

Name _____ Title _____

Organization _____

Ph: (____) _____ - _____ Fax:(____) _____ - _____ email _____

Mailing address _____ City _____ State _____ Zip _____

Website address (if applicable) _____

Social media pages (please list if applicable)

Primary Contact: Name _____ Contact #: _____ Email: _____

DETAILS ABOUT THE EVENT

(Please describe what type of event you are hosting, the demographics of the attendees, the location where the event will be held, as well as the date, time, and duration of the event.)

Type of Event (i.e. Conference, Revival, Lecture, Fund-Raiser, Other –specify): _____

Name of Event _____ Date/Time of Event: _____

Event Physical Address: _____

Venue phone number: _____ Event Theme/Focus: _____

Event scripture reference (If applicable): _____

Anticipated Attendance: _____ Are other speakers before or after C.M. Houston? _____

Event Attire: _____ Length of Event (days/hours): _____

Time allotted for C.M. Houston's presentation: _____

Will there be a private place at the venue (i.e. Green room, dressing room, etc.)? _____

Will there be space for C.M. Houston Product? _____ Will a product fee be required of C.M. Houston? _____

Any additional information not previously listed that will assist with planning for any potential engagements.

Accommodations/Remuneration Details for Christopher M. Houston

Type of Remuneration:

_____ Honorarium _____ Love offering _____ Other \$ _____

Accommodations (Check all that apply):

_____ Lodging _____ Meals _____ Transportation

Estimated time from airport to hotel (if applicable): _____

Estimated time from hotel to venue (if applicable): _____

Airport nearest to venue location: _____

Audio / Visual Recording Permission Form

Please describe the purpose(s) of any audio / visual recording that will take place at this event:

I **DO** give permission for my presentation to be recorded and used for educational purposes only.

OR

I **DO NOT** give permission for my presentation to be recorded and do not wish for any of my presentation to be used.

Speaker Signature _____ Date _____