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Speaker Request Form

Dr. Brenda Salter McNeil is limiting the number of speaking engagements that she will be taking. It is important for Salter McNeil & Associates to discern the alignment of our purpose and calling with your church, ministry, conference, or organization.

Therefore, this form is necessary for us to determine the best opportunities that will be mutually beneficial to advance the ministry of reconciliation. Please respond to the following questions with as much candor and honesty as possible.

Title:

Thank you, Salter McNeil & Associates

CONTACT INFO:

Name:

Organization/Academic Institution or Min	nistry:	
Address:		
City/State/Zip:		
Email:	Cell:	
Website:		
VENT DETAILS:		
Event Name:		Event Date/s:
Event Venue:		
Event Venue: Event Address/City/State/Zip:		

1. Event Mission & Purpose:

2. Type and number of sessions that you wish Dr. Brenda to deliver:

Session Type (Keynote, Workshop, Sermon, etc.)	Length of Session	Date of Session	

3.	Audience	size	and	demograp	hic	mix:
				3. 3		

- 4. How did you hear of Dr. McNeil?
- **5.** Do you have a specific topic in mind for Dr. McNeil to address?
- 6. How has your ministry demonstrated a commitment to reconciliation?
- **7.** Is your organization open to purchasing a supply of Dr. Brenda's books to have available at your event? She could be available for a book signing if that is appropriate. We will work with you.
- **8.** Offer of Honorarium (which is in addition to covering all of her travel expenses): :
- **9.** If bringing an assistant is deemed necessary, would you be prepared to cover those travel expenses as well?