

Mike Satterfield Ministries - BOOKING REQUEST

CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

Email Address: _____

Phone Number: _____

EVENT INFORMATION

Type of Event:

Revival Discipleship Event Worship Service Camp Church Anniversary

Pastor Anniversary Retreat Breakfast/Luncheon School Event Other

Other: _____

Event Date(s): _____

Event Location(s): _____

Anticipated Attendance: _____

Is this a new event: Yes No

Will there be additional speakers at the event? Yes No

If yes, who? _____

Will there be a praise/worship leader(s)? Yes No

If yes, who? _____

Please tell us about your vision for this event, the target audience, and any other details you feel are important:

Will Mike have multiple speaking times? Yes No

If yes, how many and approximate times and length of time he will be speaking:

General amount of honorarium being provided (excluding travel expenses): _____

Will you be able to provide Mike Satterfield Ministries with a video (mp4) of the event to use for future promotions of the ministry?

Yes No

Email to mdsatt@aol.com