COLIN McCARTNEY SPEAKING INVITATION INFORMATION FORM

CONNECT LEADERSHIP MINISTRIES

416 – 797 – 2230 (Phone) • colin@connectministries.org

• [www.connectministries.org](http://www.connectministries.org)

**Important Note:** Please fill out form completely. This will help us in determining if this event is one that Colin McCartney can accept. If accepted, it will also provide us the necessary information about you and your engagement that helps us plan best. This is two pages in length. When you have completed this form, please save it as a Word Document and email it to colin@connectministries.org as an attachment. Due to Mr. McCartney’s travel schedule, please allow 1 week for your request to be processed through our speaking review committee. Thank you.

|  |  |
| --- | --- |
| **Sponsoring Organization:** |  |
| **Organization’s** **Complete Address:*****Please Include Country if Outside of Canada*** |  |
| **Organization’s Website:** |  |
|  | **Your Primary Contact** |  |  | **Your Alternate Contact** |
| **Contact Name:** |  |  | **Contact Name:** |  |
| **Contact Title:** |  |  | **Contact Title:** |  |
| **Contact E-mail:** |  |  | **Contact E-mail:** |  |
| **Contact Work Phone:** |  |  | **Contact Work Phone:** |  |
| **Contact Extension:** |  |  | **Contact Extension:** |  |
| **Contact Mobile:** |  |  | **Contact Mobile:** |  |
| **Contact FAX:** |  |  | **Contact FAX:** |  |
| **Contact Home Phone:** |  |  | **Contact Home Phone:** |  |

# **Engagement Information**

|  |  |
| --- | --- |
| **Organization’s Profile:** |  |
| **Program Description:** |  |
| **Proposed Date(s):** |  |  | **Start & Finish Time of Meeting** |  |
| **Estimated Number Of Attendees:** |  |  |  |  |
|  |  |  |  |  |
| **Type of Engagement:** |  |  | **Public Meeting****Choose Yes/No:** |  |
| **Event Location:** |  |  | **Nearest Airport:** |  |
| **Event City** |  |  | **Max. time to airport from event:** |  |
| **Time Zone Location:** |  |  | **Number of miles to airport from event:** |  |
| **Audience Profile:** |  |  | **Youth, Adult, College Aged, Etc** |  |
| **Proposed Honorarium:** |  |  | **Submission Date:** |  |

**PLEASE CONTINUE ALL THE WAY TO THE BOTTOM OF THE NEXT PAGE**

COLIN McCARTNEY SPEAKING INVITATION INFORMATION FORM PAGE 2

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**Please provide a full description of Mr. McCartney’s role at this engagement:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Suggested Date of Meeting | Specific Time of all Meetings Where Mr. McCartney Speaks | Length of Meeting | Length of Mr. McCartney’s Message (s) | What is the Specific Topic(s) you want Mr. McCartney to Address? | Type of Meeting | Number Expected |
|  |  |  |  |  |  |  |

**Please provide anything else you would like Mr. McCartney to know about your engagement.**

**Do you want brochures that represent Mr. McCartney’s ministries? YES \_\_\_\_\_\_ NO\_\_\_\_\_\_**

**Mr. McCartney’s books help tell his story and allow participants to learn more and continue the experience. Will you allow Mr. McCartney’s books to be available at this engagement? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_**

Form complete by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_