

**Dr. Michael T. Neil, LLC**  
**Guest Speaker Request Form**

Thank you for you for inviting Dr. Neil to be your guest speaker. Please complete the following information.  
Within 2-3 business days of receipt of this form you will receive a response via phone and/or email.

Today's Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Church/Ministry Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Engagement Information**

Date of Engagement: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Please Circle the Engagement type:

Revival      Anniversary      Appreciation      Sunday Worship      Conference      Other: \_\_\_\_\_

Engagement Theme/Scripture: \_\_\_\_\_

Engagement Description: \_\_\_\_\_

Anticipated # of Attendees: \_\_\_\_\_

Speaking Length of Time: \_\_\_\_\_ minutes

Engagement Venue: \_\_\_\_\_

Venue Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coordinator's Name & Title: \_\_\_\_\_

Coordinator's Phone & Email: \_\_\_\_\_