

TERRI SAVELLE FOY MINISTRIES

MEETING REQUEST FORM

Thank you for your interest in having Terri Savelle Foy speak at your event. This form is used to determine if your meeting can be confirmed. After review, we will promptly update you concerning your request. To serve you better, please fill this form out completely and return it as soon as possible to donna.groover@terri.com

ORGANIZATION INFORMATION

Name of Organization Hosting the Event

Organization / Ministry Overseer

Organization Address

Organization City

State

Zip Code

Organization Phone

Website

EVENT INFORMATION

Name of Event

Venue Name

Venue Street Address

Venue City

State

Zip Code

Closest Airport to Event Venue

Distance from Airport to Event Venue

Proposed Event Date(s)

Proposed Event Time(s)

Specific Time(s) Terri will be speaking

Will she be the keynote speaker?

Yes ☐

No ☐

Have you ever booked Terri in the past?

Yes ☐

No ☐

If Yes, please specify:

Event Theme

Expected Attendance at Meeting:

What other speakers will be speaking at the event

Special Luncheon or Other Events

Will the event be streamed live via the Internet?

Yes ☐

No ☐

If Yes, provide URL:

Dress code for this meeting

Dressy ☐

Business ☐

Casual ☐

Jeans ☐

CONTACT INFORMATION

Event Contact Person

Title

Office Number & Extension

Direct Cellular Number

Fax Number

Direct Email Address