

Event Details:

Event Type: Adult Learning Spiritual Searcher Sponsored Event Quest Program

Event Date(s): _____ Lecture Workshop Worship Service

Event Title(s): _____

Location: North Campus South Campus Other (specify) _____

Event is Free Fee-based/honorarium Donation- based

Event liaison/chair /staff & contact info: _____

Speaker's Information:

Speaker Name: _____

Speaker's Phone & Email: _____

Speaker's Address: _____

Speaker's Agent Contact Info (if applicable) _____

Preferred Lodging _____

Preferred transportation while in Columbus _____

Handouts needed for copying prior to arrival _____

Food / beverage needs (allergies, vegetarian, etc.) _____

W-9 form submitted to us: yes n/a Need room for breaks: yes n/a

Contract Details:

Honorarium: \$ _____ Negotiable/Flexible Yes No

Center pays: Travel Lodging Additional expenses (meals & entertainment)

Payment options: A check on date of event Check mailed post event

Center reserves: Hotel Flight(s) Other (please specify) _____

Permission to photograph & post on Center website / materials: Yes No

Permission to audio/video record event: Yes No

Permission to use/sell media materials: Yes No

Books & Media:

Who provides Book & Media? Center Speaker Publisher

Will Speaker bring other items for sale during event? Yes (please specify) _____ No

Items needed for sales: Petty Cash Ipad Registration / sales tally sheet

Items needed to ship to speaker after event: No Yes (specify) _____

