



SPIRIT OF MARTYRDOM

INTERNATIONAL

SPEAKER REQUEST FORM

Name of Church, Group or Organization: _____

Name of Pastor (If Applicable): _____

Speaking Engagement Location:

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____

Mailing Address:

(if different from physical address)

Address: _____

City: _____

State: _____ Zip: _____

Contact Info:

Name of Contact: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____

Event Info:

Name of Speaker You are Requesting: _____

Speaking Preference Date: _____

Type of Meeting: _____

Target Age of Audience: _____

Time of Meeting: _____

Duration of Actual Speaking Time: _____

Special Topic: _____

Projected Audience Size: _____

Can SOM Publish this Engagement on Our Website? Yes No

Promotion:

For Security Purposes, Please Contact Our Office Before Advertising this Event

Will You Be Promoting this Event? Yes No

If Yes, Choose Which Media Sources: _____

For a PowerPoint Presentation, Would Equipment Be Available? Yes No

Appropriate Attire for the Speaker: _____

*THERE IS NO FEE TO HAVE A SOM INTERNATIONAL SPEAKER DELIVER A GLOBAL UPDATE TO YOUR FELLOWSHIP. WE REQUEST THAT A LOVE OFFERING BE TAKEN TO HELP SOW INTO THE CHURCH AT RISK AND OFFSET TRAVEL EXPENSES.

Directions from the nearest freeway and/or airport:
