

DEREK | DUNN

MINISTRIES

Thank you for your desire to schedule Rev. Derek Dunn / Susan Dunn as a Guest Speaker / Minister at your church / event / conference. We appreciate and thank you for understanding the importance of protocol to ensure excellence in our communications and the confirmation of details relating to your invitation. To help expedite the confirmation of this event, please fill out the attached Request Form and return it as soon as possible to me, Mrs. Angie Anderson. You may email a scanned copy to info@derekdunn.org or send by fax to +1-757-354-4840. Once we have received the completed form, we look forward to confirming the feasibility of Derek ministering with you.

In return, we will send a letter to the Contact Person in confirmation of the date and schedule.

Thank you for your time. If you have any questions or need assistance, please feel free to contact me during our normal office hours.

Sincerely,

Angie Anderson
Office Manager
Derek Dunn Ministries

Speaking Request for Rev. Derek Dunn / Susan Dunn

Today's Date: _____

CHURCH INFORMATION:

Office Hours: _____

Church/Conference Name _____

Church Mailing Address _____ City/State/Zip _____

Church Phone _____ Fax _____ Email _____

Denomination _____ Total # of Adults in Congregation _____

Sr. Pastor's Name _____ Spouse _____

Contact Person Name/Title _____ Phone _____ Email _____

List times of regular weekly services _____

List speakers you've had in the past _____

INVITATION INFORMATION:

Dates you are requesting _____ Your Deadline _____

Would you be open to weekday evening meetings? Check days: Mon Tue Wed Thu Fri

List Country, State and City of All Events: _____

Nearest Commercial Airport to Venue _____ Drive time to meeting _____

Provide Flight Schedule/s That Need To Be Ticketed (for multiple cities):

Departure Date:	From:	To:	Approximate Time of Arrival Needed:

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Derek Dunn’s Speaking Schedule:

Date:	Venue & Address:	Time of Meeting:	Theme (if any required):	Speaking Time Allotted:

IMPORTANT DETAILS:

Recommended Attire/Dress: _____

Expected Attendance for each day/night: _____

Profile of the People/Audience: _____

Hotel Information:

Hotel Name:	Address:	Phone:	Check In Date:	Check Out Date:

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Travel Reimbursement/Honorarium:

- 1) What is your policy for Reimbursement of Airfare?**
- 2) What is your policy or plan for an honorarium or love offering?**

1) _____

2) _____