

*Speaking Engagement Form*  
*Barbara W. Green*  
*Inner Reflections*

Please Complete and Return Immediately

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Type of Event:  Workshop  Keynote Speaker  Trainer  Facilitator  
 Retreat  Other

Location (Address) of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

Contact Person(s):                      Name                      Day #                      Night #

Coordinator                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

E-mail Address \_\_\_\_\_

Time of Event                      \_\_\_\_\_ (AM) \_\_\_\_\_ (PM)

Length of Presentation \_\_\_\_\_ (Hour(s))

Theme/Scripture/Topic \_\_\_\_\_

Expected audience # \_\_\_\_\_

Suggested Dress \_\_\_\_\_

**Please Note: Payment is due at the time services are rendered**

**Thank you for your business!**

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