MaShani Allen

## **Speaker Invitation Form for MaShani Allen**

Please complete and return this form via email with all the following information provided. Timely and detailed responses assist in our scheduling process.

mashani.allen@gmail.com

Church/ Ministry/Orga	nization	
Name of Location		
Location Address		
	Phone	
Event date(s)	Start Time	End Time
Arrival Time	Allotted Speaking Time	
Event Type (please cheo	ek all that apply)	
ConferenceMe	etingBible Study	Ministry/SermonKey Note
Other (please specify)_		
Event Theme		
General Age Group of A	.ttendees	Appox. Attendance
Specific Topic to be Add	lressed	
Appropriate Attire: _Fo	ormal _Business _Busi	ness Casual _Casual
Will MaShani be able to	sell Products?Yes	sNo
Will two(2) Volunteers	be present to facilitate	purchases?YesNo
Event will be advertised	lYesNo	
Type of Advertisement		

HOTEL ARRANGEMENTS Unless otherwise specified, one non-smoking room should be reserved for MaShani Allen if travel is more than 100 miles from Los

should be reserved for MaShani Allen if travel is more than 100 miles from Los Angeles, Ca. Requests for additional rooms will be made in advance with the appropriate representative of the sponsoring organization/group. Once the room has been reserved, we request that you forward the confirmation number and hotel details to j.m.allen32@gmail.com.

**GROUND TRANSPORTATION Host is responsible for all transportation of MaShani Allen.** 

## **SPEAKING PREFERENCES**

• Speaker Cost: \$150/hr with 3 hour minimum

• A quiet room or setting to meditate and prepare at least 30 minutes prior to speaking

- VOSS Bottled Water (Room temperature) before and during speaking
- A copy/sample of the program at least 48 hours in advance for review

Please make checks payable to MaShani Allen.

MEDIA ARRANGEMENTS For all recorded services/events, please mail a CD, and/or DVD to: PO Box 570914 Tarzana, CA 91357

The above outlines requirements are understood and accepted.

by\_\_\_\_\_

Date:\_\_\_\_\_