



Thank you for completing the information below. Please return this form to Erica McDonald via fax at 770-696-5111 or via email to emcdonald@rayofhope.org

Speaking Engagement Request Form	
Name of Organization	
Mailing Address (not a P.O. Box)	
City	
State	
Zip	
Name of Primary Contact for Event	
Phone Number for Primary Contact	
Email for Primary Contact	
Date of Event/Requested Date	
Alternative Date	
Time of Event	
Event Name	
Type of Event/Event Description	
Event Venue (anticipated attendance)	