

Thank you for booking Dr. Debra B. Morton as your special guest speaker. Please complete the below form in its entirety (if applicable) and return to **jmiller@gssmin.org** or via fax to 504-240-2528. Upon receipt of a completed form, we will contact you to relay Dr. Morton's availability. Upon acceptance of the engagement, a flight quote will be sent to you. If agreed upon, the flight will be booked and payment will have to be remitted within 24 hours to avoid higher expenses of a last minute booking. Please note **50% of the budgeted honorarium is required One (1) Week prior to the engagement. Remit balance day of engagement.** Promotional materials will be emailed.

Today's Date:	Event Ti	tle:	
Date of Event: Ho		ost Ministry/Organization:	
Senior Pastor/Host:		Spouse (if applicable):	
Ministry/Organization Ad	dress:	_City/State:	
Event Address:		City/State:	
Coordinator:		Contact Number:	
Email Address:		Time of Event:	
Attire: 🗆 Church	□Casual □Other		
Theme:		Theme Scripture:	
Expected Attendance:		Other Special Guests Participating:	
Allotted Speaking Time f	or Dr. Morton:	Proposed Honorarium (\$2,500-\$15,000):	
Hotel:		<u>dations (</u> Preference: 4 or 5 - Star Hotel)	
Hotel Address:		Hotel Phone Number:	
Ground Transportation C	Contact Person:	Contact Number:	
Host Ministry	Date	Dr. Debra B. Morton	Date
	Phone	5600 Read Blvd. New Orleans, LA 70128 (504) 244.6800 Fax (504) 240.2528 Email jmiller@gssmin.org	