

VINCENT PAUL MINISTRIES INT'L.

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SPEAKING ENGAGEMENTS FORM:

* Event Date[s]: _____ * Initial Contact Date: _____

* Name Of Organization/ Church: _____

* Contact Person Heard From: _____

* Address Of Place To Speak: _____

* Telephone: _____ * Fax: _____ * Email/ Website: _____

* Time To Begin Speaking: _____ * Time To End Speaking: _____

* Date/ Time To Arrive: _____ * No Expected: _____

* Type Of Meeting: ___ Church; ___ Crusade; ___ Camp Meeting; ___ Convention;
___ Conference; ___ Healing Explosion Event; ___ Other: _____

* Publicities/Promotions: _TV; _Radio; _Internet; _Handbills; _Posters; _'Papers ___ Others

* Title/Theme Of Message/ Event [If Any]: _____

* Accommodation/ Hotel Reservation(s): _____

* Meal(s) Included: [Yes]___ [No]___ *Transportation/ Car Provided: [Yes]___ [No]___

* Airport [Nearest To Speaking Venue]: _____

* Airline Reservation[s]: _____

[Host To Discuss Flight Bookings With Us; Or To Make Airline Reservation[s] Timely {To Avoid Costly Airfare}; & Furnish Speaker With Flight Info. JFK Or LaGuardia Airports, NY are the Airports that the Speaker can Depart from & Return Through.]

* Pick Up Person: _____

* Other Relevant Info: _____

* How Did You Hear About Dr. Paul Vincent: *TV_ *Radio_ *Newspaper_ *Our Books___

*Charisma___ *Our E-Newsletter___ *Google/Online Ad___ *Our Website___ *Other___

* Signature: _____ *Date: _____

After Completing This Form; Please Email Or Fax It Back To Our Office To Complete Booking. Thank You!

***Please Note: We Do Not Charge Any Fees For Speaking Engagements or To Minister;**

We However Appreciate Honorariums/ Seed Sown Into Our Ministry To Help Us Further Reach The Nations!