



Please complete this form and fax back to the attention of Christianie Jones at (919) 528-3816 or email to drvandaturner@yahoo.com

Name of Church/Ministry: _____

Pastor's Name and Cell Phone: _____

Church Address: _____

Phone: _____ Fax: _____

Membership #: _____

Location of Event: _____

Address (If different from above): _____

Type of Event: _____

Expected Attendance: _____

Theme: _____

Theme Scripture: _____

Ministry Date(s) & Time(s): _____

Contact Person and Office Phone: _____ Cell Phone: _____

Have you ever heard Dr. Turner minister at a conference before Yes No

If yes, where was the meeting held? _____

What ministries are you in covenant fellowship with:

Please list previous ministry guest who have ministered at your location:

How many years have you been in ministry? _____

What is your suggested budget amount in reference to honorarium for Dr. Wanda Davis Turner? _____ (If Offering allowed, please specify minimum)

Signature: _____ **Date:** _____