

EQUIPPING DISCIPLES HEALING COMMUNITIES Ephesians 4:11-13

FAX TO

Leda Carter: 610-768-2470

E-MAIL leda.carter@abhms.org

PHONE 800-222-3872, x2028

Speaker Request Form

SECTION	Please complete all that a	apply. Today's D	Today's Date (mm/dd/yy):///			
ABCUSA Regio	on:	Contact:_				
Requested Dat	te(s):/	Alternate				
Region Event:	Region Conference	Area/Assoc. Meeting	W/ABMen Conference			
Local Church:	☐ Worship/Sunday School ☐ Mission Fair ☐ Church Retreat ☐ ABW/ABMen ☐ Youth					
Please indicate	e which deputation costs you	r region/church/organization	will cover:			
	☐ Lodging ☐ Meals ☐ Transportation					
Preferred Hom	e Mission Speaker:					
First Choice:		Second Choice	ond Choice:			
Home Mission *Please note tha	Speakers at many of the speakers listed ar	e ordained ministers.				
	Laura Alden	Lisa Harris*	Salvador Orellana*			
	Fela Barrueto*	Rebecca Irwin-Diehl*	Curtis Ramsey-Lucas			
	Rothangliani Chhangte*	Jeff Johnson*	Sarah Strosahl-Kagi*			
	Eddie Cruz*	Florence Li*	Marilyn Turner*			
	Vickie Goff	Kristina Moeller*	Casey Williams*			
	Jeffrey Haggray*	Patricia Murphy*				
	Brenda Halliburton*	Jamaal Nelson*				

SECTION B Please complete additional copies of SECTION B for each separate event.

Name of Church/Organization:						
Church Ethnicity:	African Am	Asian	☐ Euro Am	☐ Haitian		
	Latino	☐ Native Am	☐ Multi-Cult	☐ Other		
Location/Address of	f Event:					
Local Contact Perso	n:					
Contact E-mail:			Number of Attendees:			
E-mail:			Phone(s):			
Address:						
Pastor's Name:						
Church/Pastor's E-mail:			Phone(s):			
Address:						
Please describe eve	nt(s) and include spea	ker expectations:				
Additional commen	its:					
Because of	f scheduling and resc	ource constraints, it m	ay not be possible to	fulfill all requests.		

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This form can also be mailed to: Leda Carter, P.O. Box 851, Valley Forge, PA 19482 If you have any questions, please call 800-222-3872, x2028; direct: 610-768-2028.

