



## Dr. A. Charles Ware

If you would like to invite Dr. Ware to speak at your church service or event, please complete this form in its entirety and email it to [deboraterry155@gmail.com](mailto:deboraterry155@gmail.com) Your request will be considered after we receive this completed form. Thank you!

### **General Information**

Meeting Date(s): \_\_\_\_\_ Church/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Time Zone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Meeting Address if different: \_\_\_\_\_  
Meeting days & times: \_\_\_\_\_  
Meeting Theme: \_\_\_\_\_ Assigned Topic and/or Scripture: \_\_\_\_\_  
Length of Message(s): \_\_\_\_\_  
What is your desired outcome from this meeting? \_\_\_\_\_

### **Audience**

Approximate Size of Audience: \_\_\_\_\_ Age Range: \_\_\_\_\_  
Uniqueness of Audience:  Multicultural  White  Black  Other \_\_\_\_\_  
Type of Meeting (church service, conference, etc.): \_\_\_\_\_ Speakers  
Dress Code (suit, tie, casual, etc.): \_\_\_\_\_ Comments:  
\_\_\_\_\_

### **Recording and Technology**

Please check all that you will provide:

Wireless Mike  PowerPoint Projector  Presentation computer  video cable  Screen

Is your recording equipment radio quality?  Yes  No

If so, will you provide Dr Ware a recording of his message(s)?  Yes  No

**Release Statement**

We authorize Dr. Ware to use in whole or in part such recordings or photographs for purposes of publicity, advertising and promotions and sales.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Airport Information**

If flying, what airport should Dr Ware fly into? \_\_\_\_\_

**Accommodations**

When should he plan to arrive (date & time, time zone)? \_\_\_\_\_

If overnight, where will he be staying? \_\_\_\_\_

Name of Hotel: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and phone number of Person picking up Dr Ware. \_\_\_\_\_

**Honorarium & Expenses**

Please write a separate check for the Honorarium and Total Expenses. Honorarium and travel expense Checks should be made payable to CSW Legacy Ministries. Checks can either be given to Dr. Ware or mailed to Grace Relations at 3500 DePauw Blvd. Building One, Suite 1010, Indianapolis, IN 46268

- |                  |                                       |                                           |
|------------------|---------------------------------------|-------------------------------------------|
| Honorarium       | <input type="checkbox"/> Will Be Paid | <input type="checkbox"/> Will Not Be Paid |
| Travel Expenses  | <input type="checkbox"/> Will Be Paid | <input type="checkbox"/> Will Not Be Paid |
| Food Expenses    | <input type="checkbox"/> Will Be Paid | <input type="checkbox"/> Will Not Be Paid |
| Housing Expenses | <input type="checkbox"/> Will Be Paid | <input type="checkbox"/> Will Not Be Paid |

## **Resources and Information Table**

We would like to serve you by offering a selection of books, CD's and DVD's at this event. Please check all boxes that apply below. GOD BLESS YOU!

- We will allow you to sell resources.       We will allow you to promote College of Biblical Studies.

Will you assist Dr. Ware by providing the following? (please check):

- 8ft table to display resources and literature. (positioned wherever is convenient for the sponsor)  
 Someone to assist with sales who has good math skills.

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Signature

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Date

Please send promotional literature or website link.