

ADULT Seminar Application Form

Missions Fest (Year) – (Dates)
 “(Theme)”

Please type and email all submissions.

Office Use Only:	
ID#	_____
Rec.	_____
Ack.	_____
Db:	_____

Seminar Track(s): (See the previous page for more details.)			
Seminar Title:			
Type(no handwriting) a brief description of your seminar that we can copy and print in the program magazine: (maximum of three sentences)			
Presenter’s name:			
Pseudonym to be used in publications and on the world wide web			
Presenter’s phone number:			Fax # :
Presenter’s mailing address:			
City:			Prov/State:
Postal code:			Country:
Presenter’s E-mail:			
Brief biographical sketch of presenter that we can print in our program magazine: (maximum of three sentences)			
Agency Represented:			
Reference person:			
Agency’s mailing address:			
Agency’s Phone #:			Agency’s E-mail:
Would you be available and willing to speak in one of our sponsoring churches?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently a missionary on furlough?			Yes <input type="checkbox"/> No <input type="checkbox"/>
For security reasons, all seminars are recorded. May we duplicate your recording?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Return to: **Missions Fest**
 Address: _____
 E-mail preferred please: _____ Phone _____ Fax: _____

Deadline: (Date)