



Speaker Request Form

Date Submitted: _____

Ministry: _____

Ministry Pastor: _____

Submitted by: _____

Contact number: _____

Email: _____

Event Date: _____

Topic to be shared: _____

Requested Speaker: _____ Affiliation: _____

Speaker Contact Information: _____

Comments: _____

Pastor Signature: _____ Date: _____

Please Note:

* All requests must be submitted to forms@copim.org.

*45-60 day advance notice is **REQUIRED**.

*All requests must be signed by the Pastor in order to be reviewed. **NO EXCEPTIONS**.

***Invitations are not to be submitted unless approved by the Senior Pastor.**

Approved

Deferred

Comments: _____

Bishop Craig W. Johnson
Overseer/ Visionary

Date