

Contact and Event Information form



- Author/ Writer
- Certified Coach
- Pastor
- Motivation Speaker/Facilitator
- Trainer/Workshop Coordinator

Speaker/Trainer Workshop Questionnaire

Thank you for your inquiry in having Dr. B. Michelle share in your event. I am delighted and honored. So that I may better serve you, I request that you complete the information listed below. Please return the form to info@drbmichellem4y.com This aids me with making a decision concerning my availability. I will respond as soon as I possibly can. Blessings to you!

Dr. B. Michelle Lucas
Address: 1010 Homeland Ave Ste 102
Greensboro, NC 27401

Phone: 336-501-5347
Email Address: info@drbmichellem4y.com
Website: <http://drbmichellem4y.com>

Facebook: [facebook.com/michellelucas.speaks](https://www.facebook.com/michellelucas.speaks)
LinkedIn: [linkedin.com/in/dr-b-michelle-lucas-30bb025b](https://www.linkedin.com/in/dr-b-michelle-lucas-30bb025b)
Twitter: <https://twitter.com/DrBMichelle1>
Instagram: <https://www.instagram.com/michellelucasspeaks/>

Cash App: \$DrBMichelle
Paypal: info@drbmichellem4y.com

Date of Event _____ Type of Event _____

Theme of Event: _____

Event Location: _____

What are you requesting Dr. Michelle to do? (Keynote, Retreat, Special Event, Panel Discussion, etc.)

How long would you like Dr. Michelle to speak? _____

Event Contact Person/Title _____

Contact numbers: (____) _____ Cell (____) _____

Contact Workable/Usable Email address _____

Name of Church/Organization Hosting Event _____

Street Address _____

City, State, Zip _____

Expected Audience Attendance _____ Audience Profile (Men, Women, Youth, Professional Training)

Age Range _____ Demographics _____

Budget _____ Is this an annual event? _____ How many years existed? _____

Are there other speakers? If so, whom? _____

Will there be media/marketing promotions? _____

Will event be videotaped? _____ Will the event be audiotaped? _____

Will the event be able to accommodate a speaker/product table? _____