



Booking Form

Contact information

Please provide the following contact information as completely as possible. Please print or type:

Host Church/ Ministry: _____

Contact name: _____

Address: _____

Post Code: _____

Country: _____

Telephone (daytime): _____

Fax: _____

Email: _____

Event venue: _____

(Please give full postal
address details)

Post Code: _____

Event information

On a separate sheet of paper please answer the following questions as fully as possible:

1. Please give a brief statement of your vision/ purpose for this event.
2. Proposed event dates or months, giving at least two options.
3. Overall number and nature/ type of sessions planned for the event.
4. Number of sessions required from the Team.
5. Other speakers for this event (if applicable).
6. How many congregations will be invited to this event?
7. The planned/ estimated attendance for this event?
8. Please describe your intercession plans for this event.

Completion

When completed please return the Contact and Event information to:

Email: admin@prism-training.com

Fax: +44-(0) 845 - 458 9941

Post: P.R.I.S.M. Training, Central Hall, St Mary Street, Southampton, SO14 1NF, UK