

Invitation & Authorization Form

P.O. Box 1206 Ocoee, FL 34761

PHONE: (407) 877-5970 * FAX: (407) 614-4360

Today's Date: _____ Speaker Requested: _____

Date(s) of Ministry: _____ Service Time(s): _____

Requested Ministry Times(s) (services, workshops, etc.): _____

Ministry Schedule

Time Zone: _____

Service Type (conference, regular): _____

Specific Theme or Topic you would like to be covered: _____

Other scheduled guest speakers and their ministry time(s): _____

Meeting Facilities

Host Church/ Organization: _____

Phone: _____ Ext: _____

Mailing Address: _____
(Street) (City) (Country) (Zip Code)

Physical Address: _____
(Street) (City) (Country) (Zip Code)

Ministry Web address: _____

Meeting Coordinator: _____ Work Number: _____

Home Telephone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Pastor/Host: _____ Spouse's Name: _____

Pastor/Host Cell: _____ Email: _____

Location of meeting if different from above: _____

Address: _____
(Street) (City) (Country) (Zip Code)

Telephone: _____ Fax: _____

Expected Event Attendance: _____ Facility Maximum Occupancy: _____

Honorarium

*Senior Directors/Pastors: Please read and approve this section. Please contact our office with any questions or concerns. **Please note: Only the Senior Pastor may approve this section.***

It is up to the discretion of the Senior Pastor/Host Church as to the amount of Honorarium that will be sown into Carlos Sarmiento Ministries from that offering. Please make check payable to: Carlos Sarmiento Ministries in U.S. dollars. Offering can also be given in U.S. cash dollars, as well.

APPROVAL BY: _____
(Senior Pastor only)

Travel Expenses/ Ground Transportation

*Senior Directors/ Pastors: Please read and approve this section. Please contact our office with any questions or concerns. **Please note: only the Senior Pastor may approve this section.***

Carlos Sarmiento Ministries requests that the Host Venue provides two (2) coach round-trip airline tickets (if possible for assistant also) for this conference or speaking event. Reimbursement for travel will be invoiced to the Host Venue and will need to be paid separately (by check or cash) from the honorarium. Please remit reimbursement check payable to Carlos Sarmiento Ministries in U.S. dollars, or in U.S. cash dollars.

APPROVAL BY: _____
(Senior Pastor Only)

Accommodation Expenses

*Senior Directors/Pastors: Please read and approve this section. Please contact our office with any questions or concerns. **Please note: only the Senior Pastor may approve this section.***

Carlos Sarmiento Ministries requests that the Host Venue provides sufficient housing for Carlos Sarmiento and any Ministry team members. Carlos prefers a hotel. If Carlos travels with a ministry team, the ministry team can be housed in homes of church members or hotel.

APPROVAL BY: _____

Audio/Video (please circle one)

(Senior Pastor Only)

Will the services be audio taped? Yes / No

Is a wireless microphone or headset microphone available? Yes / No

Are both a projector and a computer available to run a DVD Promo before and after each service?
Yes / No

Will services be video taped? Yes / No

Product

Are we able to sell our products at the Host Venue? Yes / No

Do you have a table for product display? Yes / No

Pastoral Authorization

I hereby agree to and understand all financial and ministry requests involved in scheduling a conference or speaking engagement with Carlos Sarmiento Ministries. By signing this document, I commit to the financial obligations in pages 1-3 above.

Today's Date

Authorized Signature

Print Name/ Title

Completion of this form does not mean acceptance of this speaking engagement on behalf of Carlos Sarmiento Ministries. This form will be submitted to our conference team for review and presented to Carlos Sarmiento during our calendar meetings. Upon approval, you will be contacted to confirm and/or change dates before proceeding.

Thank you for the opportunity to minister to your body of believers.

*Upon completion, please return document to:
office@orlandohop.org or fax to (407) 614-4360
or mail to P.O. Box 794, Ocoee, Fl 34761*