** SPEAKER REQUEST FORM**

**Reverend Ammie L. Davis, Ph.D., President/CEO**

***Turner Theological Seminary***

***An Institution of the African Methodist Episcopal Church***

Thank you for your interest in scheduling **Dr. Ammie L. Davis**, President/CEO of Turner Theological Seminary, an Institution of the African Methodist Episcopal Church, to speak at your upcoming event. You are asked to complete the following Speaker Request Form and forward it to Gerri Hill, Administrative Assistant/Office Manager at the following email address: ***ghill@turnerseminary.org*** or contact the office at (404) 527- 0080.

**The Mission of Turner Theological Seminary**

Turner Theological Seminary (TTS) is African Methodist Episcopal in origin and affiliation and multidenominational in spirit. TTS prepares men and women for ecclesial leadership in the African American tradition of theological reflection, liberation, evangelism, justice, and reconciliation to transform a diverse community of learners into future global leaders who impact the church and the world.

**Event Contact Person’s Information**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization/Group Hosting Event**

Please indicate appropriate organization/group category

 AME Church/Event Ecumenical or Interfaith Partners

 Civic Event Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Event Information**

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| --- | --- | --- |
| • | Name of Event:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| • | Event Start Date/Time:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| • | Event End Date/Time:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| • | Location:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |   | *(Venue name and complete address)*  |
| • | Purpose of the event:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| • | Requested Topic or Theme:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| • | Expected # of Attendees:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

* Proposed Role for which you are requesting Dr. Davis. *Please select all that apply*.

 Sermon Keynote Speaker Panel Brief Remarks Honoree

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you anticipate audience Q&A? Yes No
* Will the presentation be recorded and/or webcast? Yes No
* Will copies of the presentation be sold in any format? Yes No
* What, if any, is the proposed compensation for this engagement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a summary of the event itself and include specific details and date/time requests for Dr. Davis:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(Please include any informal requests that you may have. Example: meal with board members, etc.)*

**Miscellaneous Information**

* Should Dr. Davis’ schedule not allow for her to accept the group’s request, are you open to the idea of Dr. Davis extending this invitation to another member of the Turner Theological Seminary’s staff? Yes No
* Closest Airport to Event Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All travel expenses (airline, ground transportation, hotel lodging, and meals) are the responsibility of the host organization.*

**Preferred Hotel Brands:** Marriott ( #147698403) and Hilton (#949029209)

**Preferred Airline:** Delta (SkyMiles # 2390134282 use Ammie Davis)

* Dr. Davis reserves the right to approve all travel and accommodation arrangements prior to purchase and finalization.
* Groups will work directly with Gerri Hill on all logistical matters pertaining to Dr. Davis’s travel and housing.

ADDITIONAL INFORMATION: