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Rising River Ministries, Inc.

Scheduling Request Form

Event Planners & Organizers: For scheduling considerations and information, or to schedule *Dr. Kathie Eads* for an engagement, please print out and complete the following form and fax us your request. Our office will pray over your scheduling request and will be in personal contact with you. This form does not obligate you in any way, but it will provide us with pertinent information to best respond to your request and supply you with enough information to make a discerning choice. We will contact you within 1-5 days after receipt of your request.

- Contact Person: (title) _____ (Name) _____
- Contact Phone Number: _____
- Contact Email Address: _____
- Name of Ministry/Church/Organization: _____
- Address: _____
(City) _____ (State) _____ (zip) _____
- Dates & Times of Event: _____
- Type of Event: Conference __ Workshop __ Retreat __ Special Meeting __
Other: (Describe) _____
- Description of Event: _____

- Expected sessions for *Dr. Kathie* to speak: _____
- Number of people expected to attend: _____
- How did you hear about Dr. Kathie Eads and Rising River Ministries, Inc? _____

- Questions or comments: _____

Thank you for your scheduling inquiry! You'll hear from us soon.