Dr. Nanetta Payne

Public Speaking-Booking Form

PLEASE COMPLETE THE FORM BELOW TO REQUEST Dr. NANETTA PAYNE TO BE A PART OF YOUR EVENT.

**First Name:**

**Last Name:**

**Email:**

**Phone:**

**Company:**

**Company Address:**

**Company City:**

**Company State:**

**Company Zip:**

**Event Date(s) of Interest:**

**Organization Type:**

Middle School

High School

College/University

Non-Profit - Religious

Non-Profit - Non-Religious

Corporate

**Projected Budget for Securing Services:**

**Venue - Name of Facility:**

**Venue Address/Location - Include the Closest Airport(s):**

**Event Name:**

**Purpose of Event:**

**Event Time:**

**Planned Number of People Attending:**

Under 500

500-1000

1000-3000

3000-5000

5000 Plus

**Event Attendee Demographics:**

**Will This Event Be Open To The Public?**

Yes

No

**Will Tickets Be Sold For This Event?**

Yes

No

**Do You Intend To Record Or Live Stream This Event?**

Yes

No

**Can Products Be Sold At This Event?**

Yes

No

**Event Contact Name:**

**Event Contact Detail:**

***Dr. Payne will TEMPORARILY hold dates once a FULLY executed agreement has been reached as evidenced by a signed contract with both signatures. Dates are NOT reserved until you have received confirmation that your deposit has been received.***