



For Office Use Only
Received _____
RSVP _____
Calendar _____
Biography _____
Photo _____
Public Relations _____
Armorbearer _____

Dr. Melvin O. Marriner
Senior Pastor

Organization:	
Address 1:	
Address 2:	
City:	
State:	Zip:
Phone:	
FAX:	
E-mail:	
Website:	
Event (Occasion or Purpose):	
Theme or Topic:	
Location:	
Date of Event:	Time:
Name of Person Responsible for Event:	
RSVP Date:	
Dr. Marriner's Responsibilities:	Honorarium:
Other Speakers, Panelist, etc.:	
Contact Person Day of Event:	
Comments/Additional Information:	

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