Document: CBLR Event - #1600

Date Recorded:4-17-2019 12:04:12
Submitted By: Dr. Teresa Smith

Q1. Please enter the following for the Event/Workshop Leader: First Name, Last Name
Client: Dr. Teresa

Division: Smith

Q2. Email Address of Workshop Leader
Email:

Q3. Name of Event:
Paralyzed No More

Q4. Description of Event (This will appear in the Schedule if selected):
We are more than conquerors! This interactive session will help you use the Full Armor of God to prevent the abortion of dreams and destruction of your hope.

Q5. List authors who will participate in this event:
Dr. Teresa Smith

Q6. What is the maximum capacity this event can hold? Guestimate:
Input

Q7. Will you need audio/video assistance for the event: micrphone, speakers, etc.?
- ● No, none will be needed
- ❍ Yes, but I will bring the AV equipment
- ❍ Yes, I will need microphone & speakers
- ❍ Yes, I will need a projector.

Q8. We would like an event to have refreshments. The event as you have proposed it will it have refreshments?
- ● No Refreshments
- ❍ Yes, it will be a treat like cookies that I will bring prepackaged for participants.
- ❍ Yes, the event will need light refreshements. Please send a quote for the number of participants for this event.
- ❍ Yes, the event will need a meal. Please send a quote for the number of participants for this event.

Q9. Are you looking for others authors to partner with to help you with this event?
- ● No, the event is complete. No additional members are needed.
- ❍ Yes, I am looking for more authors for 3 more authors.
- ❍ Yes, I am looking for more authors for 2 more authors.
- ❍ Yes, I am looking for more authors for 1 more authors.

Q10. Do Not Edit this field: Selected #
Input

Q11. Do Not Edit this field: Start Time of Event:
Input

Q12. Do Not Edit this field: End Time of Event
Input

Q13. Do Not Edit this field: Day of Event
Input

Q14. Do Not Edit: Room/Venue Number
Input

Q15. Additional Comments:
Input