

Document: CBLR Event - #1694

Date Recorded: 1-28-2020 08:01:07

Submitted By: Vanessa Riley

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

Client: Vanessa**Division:** Riley

Q2. Email Address of Workshop Leader

Email:

Q3. Name of Event:

Telling Your Story Without Fear

Q4. Description of Event (This will appear in the Schedule if selected):

This is a workshop to help writers at any stage to prepare and tell their stories without fear by leaning on Him, the Master Craftsmen. Handouts, Presentation, Exercises--all geared to mastering your voice.

Q5. List authors who will participate in this event:

Vanessa Riley (Maybe 1-2 more authors)

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

100

Q7. Will you need audio/video assistance for the event: microphone, 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 refreshments. 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