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| --- | --- | --- |
| **Chapter Name** |  | |
| **Meeting Date** |  | |
| **Name of Speaker** |  | |
| **Speaker’s contact details** | **Tel:** | **Email:** |
| **Speaker’s Testimony:**  brief outline of background  (couple of sentences): | | |
| **Testimony entertaining/interesting ?** | | **Yes/No** |
| **Testimony balanced?**  **(life before and after salvation)** | | **Yes / No** |
| **Preaching avoided? :** | | **Yes / No** |
| **Spiritually challenging? :** | | **Yes / No** |
| **Length of testimony (minutes) :** | |  |
| **Appeal for salvation made? :** | | **Yes / No** |
| **No. of responses:** | |  |
| **Use of gifts of HS in ministry? :** | | **Yes / No** |
| **Responses to ministry? :** | |  |
| **Speaker recommended? :** | | **Yes / No** |
| **Endorsement by Director:** | | **Name: Date:** |
| **Number attending the meeting:** | |  |
| **Approx. no. of first-time attendees:** | |  |
|  | |  |
| **Other comments:** | | |

**Please return this completed form** to your **Regional Director** for his endorsement and then forward to the **National Office** at the address below: This will help other Chapters in the region to make full use of recommended speakers and nationally will help the FGB Office to maintain an up-to-date list of recommended speakers.