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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.