FaithNet Presenter Fee Request Form

Presenter Information (for payment)

Presenter name: ________________________________________________________________

Presenter mailing address: ________________________________________________________

City, State, Zip: __________________________________________________________________

Phone number: ____________________ Email Address: _______________________________________

Amount: $30.00

About the Presentation

Date of Presentation: ______________________________________________________________

Name of Organization presented to: __________________________________________________

Location of Presentation, including address: _____________________________________________

Number of People in Audience: ____________ Number of Audience Evaluations Collected: ____________

Mail to: NAMI Missouri
       ATTN: Amye Trefethen, Director of Programs
       3405 West Truman Blvd., Suite 102
       Jefferson City, MO 65109

Presenter Signature: ____________________________ Today’s Date: ____________________________

For virtual presentations, please use the Presenter Fee Request webform at namimissouri.org/FaithNet

Your Presentation Report Form and Audience Evaluations must accompany this form to receive payment. Payments are processed twice a month. Depending on when your fee request form is received, it may take up to three weeks to receive your check in the mail. Thank you for your understanding.

Rev. 08-30-21