

HIGHER LIFE MINISTRIES

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303-523-0260

TRANSFORMING YOUR BUSINESS REQUEST

Business / Organization Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Web Site: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

Contacts:

Primary: Name: _____

Position: _____

Phone: _____ Email Address: _____

Secondary: Name: _____

Position: _____

Phone: _____ Email Address: _____

Mission / Vision Statement of your organization:

What product(s) and / or service(s) do you provide?

Please define the issues / problems that you are experiencing:

What are the potential dates you would like to have a workshop?

Organizational History:

If you have any documents that relate the founding and history of your organization please attach to or enclose that information with this request form.

Printed Name: _____ Position: _____

Signature: _____

Date: _____