

## Pre-Event Questionnaire

*Please complete this online form as soon as possible to help Jeffrey customize his presentation.*

This is the “Normal” in the Styles Pallet. Dry void created fifth meat air. Yielding third night light blessed under gathering day saw set stars image.

### Contact Information:

Organization:

Office Address:

Your Name:

Title:

Phone numbers: Office ( )

Cell ( )

Email:

Presentation Information:

Date(s) of your event:

Date of Jeffrey’s presentation:

Time Jeffrey’s presentation begins:

Duration:

Event venue: Name -

Address -

Phone -

Audio-Visual Company:

Number of attendees:

Nearest airport:

Distance/travel time from event site:

Demographics of your attendees:

Average age of group:

Ratio of Women to Men:

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Job titles / occupations:

Will Spouses be in attendance?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Describe the events that are scheduled to occur right BEFORE and immediately AFTER Jeffrey's training:

Who are the other speakers scheduled for this event?

What professional speakers have you used in the past?

What did your attendees like/dislike about their presentations? What do you remember the most from their time with your group?

### **Customization:**

What is the theme/purpose of your event?

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Is participation voluntary or required?

What specific topics or objectives do you want Jeffrey to cover?

What are the key messages you would like this group to take away?

What must Jeffrey do to WOW you and your audience?

Describe the most important industry/company “hot topics” or issues associated with your event:

Describe the challenges your company/organization is facing:

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Are there any topics or situation you wish to have Jeffrey AVOID?

List any websites that provide pertinent information about this group or your industry?

Please tell Jeffrey anything else you think is important in his preparation for the presentation:

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