

Pre-Program Questionnaire

This questionnaire is designed to help me prepare a program that is specifically tailored to the needs of your group. Please take a moment to fully answer all the questions, and email or fax this form to Vicki Hess as soon as possible.

Email: vicki@vickihess.com or **Fax:** 410-252-1187

Business/Client Name: _____

I. Program location information:

Date:	Hotel:
City:	Meeting Room:
State:	Hotel Contact:

II. Program contact information:

a. In case of emergency, Vicki should call:	
Name:	
Day:	Night:

b. Name, title, and telephone number of Vicki's introducer:	
Name:	Title:
Telephone:	Email:

Special Request: Please send as much pertinent information as possible (or direct me to appropriate websites) that will help me increase my understanding of your organization, department, and business.

Send this information to: Vicki Hess
9 Pinewood Farm Court
Owings Mills, MD 21117

Also, please provide your WEBSITE ADDRESS.

Website:

III. Audience Information

Number of attendees:	% Male:	% Female:
Average age range: From: To:	Average age overall:	

c. Major responsibilities of audience members, and typical job titles:

IV. Organization Information

a. What is/has been the overall focus or mission of your organization this year?

b. What kind of future vision is your organization pursuing?

c. What are some significant events that have occurred in your organization/industry during the past year?

d. What noteworthy achievements has your organization accomplished this year?

e. What do you consider the primary strengths of your organization/people?

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f. What are some challenges faced by program attendees?

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V. Program Information

a. What is the theme of your program?

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b. What are the specific objectives for my session?

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d. Key issues to avoid (if any?)

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e. When people leave my session, what ONE thing do you want to be uppermost in their minds?

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f. Do you have any other suggestions to help me make this program your best ever?

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VI. Presenter Information

1. Starting time entire program:

2. Starting time my program:

3. Ending time for entire program:

4. Ending time for my program:

e. What takes place immediately before my program (speaker, meal, break, nothing?)

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f. What takes place immediately after my program (speaker, meal, break, nothing?)

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g. If there are other speakers, what are their topics?

Speaker 1 Name:

Topic:

Speaker 2 Name:

Topic:

Speaker 3 Name:

Topic:

Please send a copy of the agenda for the meeting/program as soon as it is available.