

SPEAK FOR A LIVING

SECOND EDITION

ANNE BRUCE & SARDÉK LOVE

atd
PRESS

APPENDIX B

Sample Pre-Event Questionnaire

Client Name: _____

Name of Group or Organization: _____

Website: _____

Your Social Media: (Please list links you'd like us to view)

At your convenience, please complete the following pre-event questionnaire so that we may properly research and customize our program to meet your specific needs.

1. What's the title of your event or retreat?
(Is there a theme or focus? Please elaborate.)

2. Date(s) to be held:

3. Location:

Address:

Phone:

Website:

4. Explain your agenda and breakout sessions, including times:

5. What will take place before our presentation?

6. What will take place after our presentation?

7. What will take place after our presentation?

8. What other training sessions will be taking place during your event?

9. What are your three most important objectives for this presentation?
 - a.
 - b.
 - c.

10. What would make this presentation more meaningful to your group?

11. Are there any sensitive issues or topics that should be avoided?

12. What have you liked most about speakers you have had in the past?

13. What have you least enjoyed about speakers you have had in the past?

14. What will be the attire for your organization's attendees at this event?

About the Audience

Your input is helpful for us to better understand the dynamics of your organization's specific culture and group. It does not in any way affect the content of the program. It simply helps us as presenters to better serve your specific audience.

14. Estimated number of attendees:

15. Percentage of guests outside the organizational setting:

16. Percentage of managers or supervisors:

17. Percentage of senior or executive-level leaders:

18. Others who may attend the event? (*e.g., clients, spouses, vendors*)

19. What are the names and titles of your top leadership who will be attending the event?

20. Is there any industry jargon or terminology we should be familiar with or recognize?

About Your Organization or Group

21. Describe your organization's culture:

22. What are the greatest challenges your organization or group is currently facing?

23. Who are your primary competitors?

24. What areas or regions does your organization or group serve?

Person who has completed this questionnaire

Name: _____

Business phone: _____

Cell/text: _____

Email: _____

Date: _____

Please email this information to XYZ@123.com.

If you have any questions, call 123.456.7890.

Thank you for your assistance. Your valuable input will help ensure the success and effectiveness of this presentation.