

Pre-Program Questionnaire

Organization: _____

Program date(s): _____

Exact time of presentation: _____

Name of contact: _____

Phone number: _____

Fax number: _____

E-mail: _____

Number attending: _____

Exact location of the meeting:

Address: _____

Phone number: _____

Key contact: _____

Emergency contact: _____

Phone number: _____

Home number: _____

Meeting Theme: _____

Meeting Purpose: _____

Objectives: _____

Sensitive issues: _____

Other Speakers: _____

Primary product or service:

Major responsibilities of those in audience:

Name of Introducer: _____

Appropriate Attire: _____

What takes place before: _____

What takes place after: _____

Prep Interview contact: _____

Prep Interview contact: _____

Company: _____

Company: _____

Phone number: _____

Phone number: _____