



PRE-PROGRAM QUESTIONNAIRE

ORGANIZATION: _____

SCHEDULED DATES: _____

By answering all the questions on this questionnaire as completely as possible, you will enable Debbra Sweet to customize the presentation to the exact needs of your group. Please complete this form, skipping any questions that are not relevant to your particular program, and return it to us prior to the date noted below.

When returning this form, please include any written material that will help with your organization. This might include such items as: brochures, annual reports, newsletters, magazines, etc.

We will then schedule a live teleconference between your content decision makers and Debbra Sweet to discuss the program.

Contact Name: _____

Contact Phone(s) Office: _____ Cell: _____

Please return by: _____

YOUR PROGRAM

What is your conference or event THEME? _____

What is the specific purpose of this meeting? _____

What are your specific objectives for my presentation? _____

Are there any sensitive issues that should be avoided? _____

What is the name and title of my introducer? _____

What takes place before and after my presentation?

Before: _____

After: _____

Who are the other speakers on the program with me (if any)?

Speaker: _____ Topic: _____

Speaker: _____ Topic: _____

Do you have any special suggestions to help me make this program your best ever?

AUDIENCE ANALYSIS

Audience

Number attending: _____ Are spouses attending? _____

Percentage of males: _____ Percentage of females: _____

Average age of group: _____ Range in ages _____ to _____

Average annual income: \$ _____ Range \$ _____ to \$ _____

Educational background: _____

What are the major job responsibilities of those in the audience? _____

GENERAL BACKGROUND INFORMATION

Industry _____

Current problems: _____

Current challenges: _____

Recent breakthroughs: _____

YOUR ORGANIZATION

Current problems: _____

Current challenges: _____

Recent breakthroughs: _____

YOUR PEOPLE/AUDIENCE

Current problems: _____

Current challenges: _____

Recent breakthroughs: _____

What three main things do you think I should know about your group?

- 1.
- 2.
- 3.

What specific activities/behaviors separate your high performance people from your average/below average performers?

- 1.
- 2.
- 3.

What areas of overall performance are ripest for improvement?

- 1.
- 2.
- 3.

What are the names of the people in your organization who are responsible for:

Meeting Planning: _____

Management: _____

LOGISTICAL INFORMATION

Meeting facility name: _____

Meeting facility address: _____

Meeting facility phone number: _____

How do I get from the airport to the meeting facility? _____

Name of hotel where I'll be staying: _____

Hotel address: _____

Hotel phone number: _____

Length of talk: _____

THANK YOU VERY MUCH! YOUR HELP IS GREATLY APPRECIATED.

Please return this completed form via email to: info@debbbrasweet.com by the date specified above.

