Pre-Program Questionnaire

1. Name of organization:

2. Date and time of presentation:

3. Is the presentation in-person or virtual?

4. Desired length of presentation?

5. Title/position and number of attendees?

6. What is the theme of your event?

7. What are your key objectives for the meeting?

8. Please share three concerns/problems/challenges facing your group:

    1. _____

    2. _____

    3. _____

10. Any sensitive topics or areas to be avoided?

11. What will be taking place immediately before/after our program?

12. Who is an emergency contact for before the event?

13. What will make this program a success for you? For the event?

Optional questions:

14. Fly into what city?_____

15. Estimated time between airport and event site?_____

16. Hotel Name: _____ Phone:_____

17. Meeting Location (if it isn't at the hotel):_____

18. Meeting Time: Begin_____ End_____

19. When will the room be empty for a sound check?_____

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