

Pre-Event Questionnaire

Program Title:	Date:
Contact Name:	Title:
Institution/Association:	
Email Address:	Phone #:
On-site Contact:	Mobile #
	hompson Consulting prepare the best possible presentation for uestions as are applicable to your event and email to ible. Thank you!
1. What is the specific purpose for this m	neeting? Do you have a theme that will be used?
2. What are the objectives that you desire	e from the presentation?
3. What is the philosophy or mission state	tement for your organization?
4. Please provide a brief description of the	ne audience (Ex. Security Officers, Compliance Officers, CEOs)
5. What is the demographic of the audier attending?	nce (male/female, average age, etc. and approximate number
6. Which speakers have you previously h	nired for similar programs?

7. Are there any sensitive issues to avoid in the presentation?
8. What time does my presentation begin and end?
9. What takes place immediately before and after my program (meal, break, another speaker)?
10. Who is the person introducing me (name and role)?
11. What is appropriate attire?
12. If available, please send the following materials: Meeting Agenda/Invitation, Promotional Materials for the Event, Newsletter/Brochure/Flyer.
12. Please use the space below to include any additional information that you feel would be helpful for us to customize the presentation for your event.