

## **Event Questionnaire**

These questions are designed to help my staff and I prepare a program specifically suited to the needs of your group. Please take a moment to answer all the questions fully and return the form to my office. We would also appreciate receiving any printed information on your group that may help us with background information (e.g., corporate reports, news items, in-house publications, products, services, employees, etc.). Thank you for your help!

Please return this questionnaire to: info@forresttuff.com

Presentation Title: Time Frame? Sthe program just before I speak?			
What happens on the program rig	ht after I speak?		
Appropriate dress for presentatio	n?		
Conference title and theme?			
Specific purpose of this meeting/	session (e.g., aw	vards banquet, ann	ual meeting, etc.)?
Specific objectives for my presen	tation?		
Sensitive issues that should be av	oided?		
Introducer's name?			
Introducer's Phone Wk	Hm.		_
Is there any publicity work I can h Other Type		ile I am at your ev	ent? Y N Radio Television
Who are the other speakers on th	e program?		
SpeakerTop	ic		_
SpeakerTop	ic		-
What speakers have you used in t presenting for you?			d to the material I will be
What did you like and/or dislike? they used!			

Please share any "local color" you may know of relating to the location where my program will be held.
Please share any "industry color" related to your organization or industry.
What comments or suggestions do you have that will help me make this presentation the best your audience has ever had?
THE AUDIENCE
Total number attending? Spouses attending? Y N
Percentage male/female Average age?
Average annual income
Educational background
Major job responsibilities of audience
Will there be any "special guests?" Please explain
Why is your group attending this meeting (voluntary, mandatory, etc.)?
How will they be notified?
What is their overall opinion regarding the subject of my presentation, (favorable, hostile, etc.)?  ———————————————————————————————————
Name phone
Name phone
Name phone
DETAILS ABOUT YOUR AUDIENCE
Problems?
Challenges?
Breakthroughs?
What separates your high-performance people from others?

Are there any hearing or sight-impaired audience members? Y N		
If yes, please provide names and contact information		
TELL ME ABOUT YOUR INDUSTRY/PROFESSION	•	
Problems?	_	
Challenges?		
Breakthroughs?	_	
TELL ME ABOUT YOUR ORGANIZATION		
Problems?	_	
Challenges?	_	
Breakthroughs?	_	
Significant events? Mergers? Relocations?		
TRAVEL INFORMATION		
Location of presentation and venue name		
Address Phone		
Location at the site ( room-name, etc.)		
Airport to arrive at	_	
How will I be transported from the airport to your site? Taxi?	Rental Car?	Driver?
Driver's Name Phone	_	
If an emergency occurs on the way to the site, who would be an alt unavailable?	ernate contact	if you are
Name	_	
Business phone Home Phone		
Thank you for taking the time to provide this information. I will use	e it to prepare a	an outstanding

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presentation for your group.