

Pre-event Questionnaire

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Office Phone: _____ Cell Phone: _____
(for emergencies only)

Date of Event: _____ Time of Presentation: _____

Amount of Time Scheduled for Presentation:

20 min 30 min 45 min 60 min 75 min 90 min

Theme for the Event: _____

Event Location: _____ # of Attendees: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Audience:

Adults Youth Members General Public

Speech Topic:

Keynote Job Search Resume Networking Interview

Projector Provided? Yes No

Screen Provided? Yes No

Laptop Provided? Yes No

Tables for Participants? Yes No

Will presentation be recorded? Yes No

Other speakers/topics the day of the event: _____

What would make this presentation really special for your group? _____

Additional Information: _____
