



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: Requested Format:

30 min 60 min 90 min Keynote Workshop

Theme for the Event: _____

Event Location: _____ # of Attendees: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Audience:

Adults Youth Members General Public

Speech Topic:

Resume Writing LinkedIn Personal Branding Career Management

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: _____
