PRE-EVENT AND -MEETING QUESTIONNAIRE

Scott Steinberg

KEYNOTE SPEAKER -- LEADERSHIP AND TRENDS EXPERT—BUSINESS MANAGEMENT CONSULTANT

Client Name: _____

Name of Your Group/Organization: _____

Website Address: _____

At your convenience, please complete the following pre-event Questionnaire so that I may properly research and customize your program to meet your specific needs.

1. The title of your event or retreat:

_____

   a) Is there a theme or focus? Please elaborate.

   _____

   _____

   _____

2. Date(s) to be held**:**

   _____

3. Location of event: _____

   Address:_____

   Phone: _____

   Website: _____

4. Explain your agenda and breakout sessions, including times:

_____

_____

_____

5. What will take place before Scott's presentation?

_____

_____

_____

6. What will take place after Scott's presentation?

_____

_____

_____

7. What other training sessions will be taking place during your event?

_____

_____

_____

8. What are your three most important objectives for Scott's presentation(s)?

1._____

2._____

3._____

9. What would make Scott's presentation more meaningful to your group?

_____

_____

_____

10. What have you liked most about speakers you have had in the past?

_____

_____

_____

11. What will be the attire for your organization's attendees at this event?

_____

_____

_____

About the Audience

Your input here is helpful to better understanding the dynamics of your organization's specific culture and group make-up. It does not in any way affect the content of the program. It simply helps me as the presenter to better serve your specific audience.

12. Estimated number of attendees: _____

13. Percentage of males: _____   Percentage of females: _____

14. Percentage of managers or supervisors: _____

15. Percentage of senior or executive level leaders: _____   Other: _____

16. Group age range: _____

17. Others who may attend the event? (clients, spouses, contractors, vendors, etc.)

_____

_____

_____

_____

About Your Organization or Group

18. Describe your organization's culture.

_____

_____

_____

19. What are the greatest challenges your organization or group is currently facing?

_____

_____

_____

20. Who are your primary competitors?

_____

_____

_____

Name of person who has completed this questionnaire:

Name: _____

Date: _____

Phone: _____

Please email this information to Scott at: info@techsavvyglobal.com

Any questions, call Scott: 888-507-2246

Thank you for your assistance. Your valuable input will help to ensure the success and effectiveness of this presentation.