

# 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:

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

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

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

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

1. 

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2. 

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3. 

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

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

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

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## 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.)

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## About Your Organization or Group

18. Describe your organization's culture.

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

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20. Who are your primary competitors?

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Name of person who has completed this questionnaire:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Please email this information to Scott at: [info@techsavvyglobal.com](mailto: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.*