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: __________________________________________________________________

KEYNOTE SPEAKER: BUSINESS, CORPORATE, YOUTH
www.AKeyNoteSpeaker.com
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.