

Pauline Victoria

Pre-Program Questionnaire

Pauline is looking forward to helping you create a successful meeting with impact and long term take home value for your attendees. This questionnaire is designed to help us prepare a customized presentation. Please answer all applicable questions and return to Pauline (mail or email) with the items checked in #19. Feel free to use additional pages if necessary.

ORGANIZATION: _____

Day & Date of Presentation: _____

1. What are your specific objectives/results desired for my session?

2. What is the specific purpose and theme of this meeting (annual meeting, awards, etc.)

3. What is the mission/philosophy statement for your company/organization?

3a. Are you announcing any new products, services or other changes at this meeting?

4. What are some current problems/challenges/breakthroughs experienced by your organization or industry?

5. What are the top challenges faced by people who will be in the audience?

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5a. What do you think they have to do to overcome these things?

6. Has the audience's business, industry or job changed in the last 5 years? If so, how?

7. Special jargon/terminology to use?

Issues/terms to avoid?

8. An executive, manager and/or employee I might contact to get additional perspective:

Name _____ Title _____ Phone # _____

Name _____ Title _____ Phone # _____

Name _____ Title _____ Phone # _____

9. Number of people attending _____

10. Previous speakers used:

Name _____ Topic _____

Name _____ Topic _____

11. What takes place immediately before/after my program (speaker, meal break, etc. If another speaker, please indicate topic)

Before: _____

After: _____

Meeting Time: Begin: _____ End: _____

My Program: Begin: _____ End: _____

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12. Name/title of my introducer: _____

13. Name and title of senior executives:

Name _____ Title _____

Name _____ Title _____

14. Meeting location:

Address: _____ City: _____

Hotel/Address Phone #:

15. Closest Airport (# miles from site): _____

16. Top people to recognize in audience:

Name _____ Title _____ Reason _____

Name _____ Title _____ Reason _____

Name _____ Title _____ Reason _____

17. How do I get from airport to site with wheelchair accessible transportation?

Company Name: _____ Phone No.: _____

18. When, where, who and how should Pauline contact upon arriving at hotel?

19. Emergency Contact?

Name: _____

Bus# _____ Home # _____ Cell# _____

20. Please send me the following information (if available):

- ___ annual report
- ___ company newsletter/paper/flyer
- ___ key product brochures
- ___ meeting agenda/invitation
- ___ special promotions/campaigns

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NOTES: What can you add which might help us do an even better job?
