

PRE-PROGRAM QUESTIONNAIRE

Organization: _____

Program Dates: _____

1. Purpose and/or theme of the meeting:

2. Approximate number of participants: _____

3. Will spouses/partners be attending? YES NO

4. Profile of group _____ % Female _____ % Male

(type of job, level in organization, education, experience, age range)

5. Any specific issues or problems these people are experiencing?

What particular areas do you want to focus on?

6. Is this presentation part of a larger program? YES NO

If so, please list other speakers and topics; or attach complete program.

7. What activity, function, or speech immediately precedes and follows the presentation?

8. What would you like the participants to be able to do as a result of this session?

9. Please tell us about your company (products, services, major markets, major competitors, etc.). Or enclose literature and the annual report.

10. Who should we contact for additional information?

Name: _____

Department: _____

Title: _____ Ph#: _____

Fax: _____ email: _____

Cell Ph #: _____ Hm Ph#: _____

**Please email this completed questionnaire to: dsaxby@sparkcommunications.com
or Fax to (403)244-7450**