



CLIENT PRE-PROGRAM QUESTIONNAIRE

Name of CLIENT or GROUP: _____

Event Date: _____

This questionnaire enables Jeff to tailor his presentation to meet your needs. Please answer all questions that are relevant to your event and return at your earliest convenience. [Answers can be typed directly into this form \(boxes expand as you type\) to save and return by e-mail.](#)

On-site contact person: _____

Title: _____

Company/Association: _____

Address: _____

Phone: _____ Mobile Phone: _____

Email: _____ Website: _____

The Event

Name of Event: _____

Type of Event: (Meeting, Convention, breakout session, etc.): _____

Major objective of this event: _____

Meeting theme (if any): _____

Meaning of theme to group: _____

How did you hear of Jeff? _____

Why did you choose Jeff as a speaker for your event? _____

What would you like his presentation to accomplish? _____

Dates of your entire event:

Begins: _____ Ends: _____

Exact schedule for Jeff's participation:

Start time: _____ Stop time: _____

Function: _____ Meeting Room Location: _____

Will there be a video crew onsite? Yes _____ No _____

If so, what is the video company name: _____

**** Audio & video taping of Jeff's presentation is allowed as long as Jeff gets a full copy of the presentation.**

Audience

Number attending: _____

Spouses included: Yes _____ No _____

Percentage of males/females: _____

Average age of group: _____

Job titles/descriptions: _____

Toward which group should Jeff primarily direct his presentation?

Issues and challenges facing your organization:

Would Jeff be allowed to invite a colleague or guest to sit in the back of the room during his presentation only? Yes ____ No ____

General Background Information

Industry to which your organization belongs: _____

Three main things Jeff should know about your group"

A. _____

B. _____

C. _____

Target markets/industries on which your organization primarily focuses:

B2B _____ B2C _____

Jargon Jeff should be familiar with (acronyms, titles): _____

Target markets/industries on which your organization primarily focuses:

Typical customer (i.e. CEO, CFO, VP, HR, purchasing Agent, etc):

Primary product or service sold: _____

Major competitors: _____

Special attributes that make your organization unique in the industry:

Any additional comments or information that would be helpful in tailoring
this presentation for your group: _____
