

PRE-PROGRAM QUESTIONNAIRE

For Speaker Peggy O'Neill

2017

1. CONTACT INFO

Name of Organization _____ Date of presentation _____
 Your name _____ Today's Date _____
 Address _____
 Phone _____ Fax _____ E-mail _____
 Meeting Location _____ Address _____
 Phone _____ Facility's contact person _____ Cell Ph _____
 Your on-site contact _____ Phone _____ Cell _____

To provide the best presentations and to specifically meet the needs of your group, please answer all questions up to the "Optional " section. Then answer the questions that are important to your goals and audience. Please FAX this questionnaire no later than _____ to **805-807-2244**, or mail to the address below. If you have any questions, please call us.

2. PROGRAM INFO

1. Format: Keynote _____ Seminar _____ Workshop _____
 Title _____ Duration: _____
 Start Time: _____ End Time: _____ Any Breaks? _____ Room # _____

For additional programs, please see and complete page 3

What happens right before the presentation? _____
 And after? _____ Appropriate dress _____
 We'll email a short intro for Peggy's presentation to the introducer. Name _____
 Email address: _____

3. AV & STAGE REQUIREMENTS

If you are not able to meet the AV & Stage requirements listed on the Agreement Contract, please call us immediately so we can make proper arrangements.

At what time will the room be available for a sound check? _____ am/pm What type of sound system will be used? _____
 Other AV needs: _____

4. DEMOGRAPHICS of the audience:

Approx. number attending _____ Average age _____ % male _____ female _____
 Departments _____ Spouses attending? _____

5. OBJECTIVES of this presentation (and/or specific points you want us to convey):

- a. Theme of conference/meeting? _____
- b. Is this part of a larger meeting? _____

c. Specific purpose of meeting? Awards banquet _____ Annual meeting _____
 Motivation _____ Inspiration _____ Skill Building _____ Diversity Training _____
 Other _____

d. Who are the other speakers on the program?

Speaker _____	Topic _____
Speaker _____	Topic _____
Speaker _____	Topic _____

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Optional:

6. What needs does the audience currently have that you'd like to address at this conference? (More organization, better leadership,...)

7. What challenges are the people of this group currently facing? (Downsizing, overload, setbacks?)

8. What would make Peggy's presentation most meaningful to your group? _____

9. What victories has this group, or people in this group, recently experienced? (Please include specific names if applicable?) _____

10. What challenges has this group, or people in this group, recently experienced? (Please include specific names if applicable?) _____

10. Sensitive issues that should be avoided: _____

11. Two main Movers & Shakers in your group who will be in Peggy's audience.

1. _____ Email address: _____

2. _____ Email address: _____

12. Is there anything else you'd like me to know about this group? _____

13. What speakers in the past have you used that covered topics related to the material Peggy will be presenting? _____ What did you like and/or dislike ?

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For Additional Presentations

Presentation 2: Format: Keynote _____ Seminar _____ Workshop _____
Title _____ Duration: _____
Start Time: _____ End Time: _____ Any Breaks? _____ Room # _____

1. At what time will the room be available for a sound check? _____ am/pm Will a hands-free mike be available? _____ Will there be a riser or stage? If not, can one be provided? _____ Can the lights be dimmed? _____ What type of sound system will be used? _____ Other AV needs: _____

2. What happens right before the presentation? _____
And after? _____ Appropriate dress _____

3. Introducer's name: _____ Ph #: _____ Fax #: _____

4. Demographics of this group (if different from original group):
Estimated Attendance _____ Average age _____ % male _____ female _____
Departments _____ Spouses attending? yes / no

5. Specific objectives for this presentation?

Presentation 3: Format: Keynote _____ Seminar _____ Workshop _____
Title _____ Duration: _____
Start Time: _____ End Time: _____ Any Breaks? _____ Room # _____

1. At what time will the room be available for a sound check? _____ am/pm Will a hands-free mike be available? _____ Will there be a riser or stage? If not, can one be provided? _____ Can the lights be dimmed? _____ What type of sound system will be used? _____ Other AV needs: _____

2. What happens right before the presentation? _____
And after? _____ Appropriate dress _____

3. Introducer's name: _____ Ph #: _____ Fax #: _____

4. Demographics of this group (if different from original group):
Estimated Attendance _____ Average age _____ % male _____ female _____
Departments _____ Spouses attending? yes / no

5. Specific objectives for this presentation?

AV & STAGE REQUIREMENTS Check the items you will provide:

_____ LCD projector	_____ Riser/ stage, min. 10 sq. ft
_____ Projection screen	_____ (If audience over 50)
_____ Computer w/ USB port	_____ Lights can be dimmed
_____ Cordless remote advancer	_____ Small table
_____ Lapel microphone	_____ Bottled Water (2)