

**Dr. Monique Y. Wells**  
**PRE-PROGRAM QUESTIONNAIRE**  
**Corporations and Professional Organizations**

*When you complete this questionnaire, you enable Dr. Wells to learn more about your business and your audience. Please take a moment to answer all questions so that Dr. Wells can prepare a presentation suited to your group. Thank you for your assistance.*

*Please indicate "N/A" to any responses not applicable to your program.*

Date of Event (DD/MM/YY):

Name of Organization or Meeting:

**A. PURPOSE OF THE PROGRAM**

**What type of meeting is it?**

- Annual Conference                       Industry Convention                       Employee Training  
 Corporate Training Program                       Corporate Luncheon                       Corporate Dinner

**What are the objectives for the presentation? (Check those that apply and rank them 1 to 5, 1 being priority.)**

<u>OBJECTIVE</u>	<u>APPLIES</u>	<u>RANK</u>
Learn new skills		
Increase general knowledge		
Interact with others		
Increase specific knowledge		
Increase teamwork		
Have fun		
Practice new skills		
Other: (Please explain & rank)		

**What is the theme of your conference or meeting?**

*Please continue to next page of pre-program questionnaire*

**How was theme chosen?**

**Why was it chosen?**

**What is Dr. Wells role at the meeting?**

\_\_\_Opening keynote

\_\_\_Closing keynote

\_\_\_Luncheon speaker

Other:

**What are your specific objectives for Dr. Wells' session (i.e., what would you like the audience to walk away with)?**

A.

B.

C.

**What changes do you want your audience to make as a result of Dr. Wells' presentation?**

A.

B.

C.

**What speakers has your audience heard in the past?**

Speaker Name/Topic:

Speaker Name/Topic:

Speaker Name/Topic:

**What have you appreciated about speakers you have heard in the past?**

**What have you disliked about speakers you have heard in the past?**

**What sensitive issues, if any, should be avoided in this presentation?**

## **B. ABOUT YOUR INDUSTRY & ORGANIZATION**

**What major products and/or services does your organization provide?**

**What clients or customers do you serve?**

**Who are your major competitors?**

**What major changes or challenges face your industry and organization?**

**What successes or breakthroughs has your organization had recently?**

**Please describe the culture of your organization or association.**

**How many employees/members does your organization have?**

### **C. ABOUT YOUR AUDIENCE**

**How many people will be attending Dr. Wells' presentation?**

**What is the percentage of men & women in the audience?**

% Men: \_\_\_\_\_ % Women \_\_\_\_\_

**Will spouses be attending?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**What is the average age of the audience?**

Average Age? \_\_\_\_\_

Age range? \_\_\_\_\_

**The majority of the audience will have on average how many years of experience in the industry?**

**What are the primary business responsibilities of audience members?**

**Where will the audience come from geographically?**

**Who are the other professional speakers, company executives, or industry experts on the program?**

Speaker/Topic:

Speaker/Topic:

Speaker/Topic:

**Please indicate anyone in your organization you wish Dr. Wells to contact for more information and to customize her program.**

Name:

Title:

Organization:

City, State, Zip:

Phone:

Cell:

Email:

#### **D. LOGISTICS & SCHEDULE**

**What takes place immediately before Dr. Wells's program?**

Starting time: for Dr. Wells' program: \_\_\_\_\_ for entire program: \_\_\_\_\_

Ending time: for Dr. Wells' program: \_\_\_\_\_ for entire program: \_\_\_\_\_

**What takes place immediately after Dr. Wells' program?**

**Person introducing Dr. Wells?**

Name:

Phone:

Cell:

Email:

**How will the meeting room be set up?**

\_\_\_ Classroom      \_\_\_ Auditorium      \_\_\_ Banquet      \_\_\_ Reception

<b>EQUIPMENT &amp; MATERIALS (circle all that apply)</b>				
Podium	Flip Chart w/Markers	Projection Screen	LCD Projector	Laptop Computer
Microphones Earpieces	Microphone Wireless Lapel	Microphone Handheld	Other Equipment	Merchandise Table

**Person responsible for room set-up?**

Name:

Phone:

Cell:

Email:

**Person responsible for A/V set-up?**

Name:

Phone:

Cell:

Email:

**When will the meeting room be available for an A/V check?**

Date:

Time:

**E. PARTICIPANT HANDOUTS**

*If Dr. Wells is to provide a handout for your participants, the master document will be sent to you for duplication and distribution at the event.*

**Where should we send the handout master?**

Name:

Title:

Organization:

City, State, Zip:

Phone:

Cell:

Email:

**Will Dr. Wells be able to sell copies of her books and other resources after the program?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Will you have a resource area selling books and resources for your speakers?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## **F. TRAVEL INFORMATION**

**Where will the event be held?**

**Nearest major airport?**

**Distance to the meeting site in terms of miles and time from airport?**

**Where will Dr. Wells stay?**

**Will the hotel reservation be made by your staff? If yes, who will make the reservation?**

Name:

Phone:

Cell:

Email:



