Dr. Monique Y. Wells PRE-PROGRAM QUESTIONNAIRE COLLEGES, UNIVERSITIES AND STUDENT ASSOCIATIONS

When you complete this questionnaire, you enable Dr. Wells to learn more about your institution/organization 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.

assistance.	,	g up.	, ,
Please indicate "N/A" to any responses not appli	cable 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 College/University Program Student University Program Stu	nion/Associati	on Program	
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	3 ?		
How was theme chosen?			

Why was it chosen?
What is Dr. Wells' role at the meeting?
Opening keynoteClosing keynoteLuncheon speaker
Opening keynoteclosing keynoteLuncheon speaker
Other:
What are your areastic abjectives for Dr. Wallet assessor /: a substantial very like the
What are your specific objectives for Dr. Wells' session (i.e., what would you like the audience to walk away with)?
· ·
A.
В.
C.
What changes do you want your audience to make as a result of Dr. Wells' presentation?
^
A.
B.
C.
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?
what sensitive issues, if any, should be avoided in this presentation.
B. About Your School or Organization
What is your school/organization's mission and history?
What major changes or challenges does your school or organization face?
What major changes or changinges does your school or organization race:
Please describe the culture of your school organization or association.
How many students/members do you 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:			
What is the average age of the audience?			
Average Age? Age range?			
What is the typical educational level of the participants?			
Currently attending university:			
% Undergrad% Graduate% Post-graduate			
Graduate/Alumni associations			
% Undergrad% Graduate% Post-graduate			
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:			

information and to c	ustomize her program			
Name:				
Title:				
Organization:				
City, State, Zip:				
Phone:	Cell:	Email:		
	D. Logis	STICS & SCHED	PULE	
What takes place im	mediately before Dr. \	Wells' progran	n?	
Starting time:	for Dr. Wells' progran	n:	for entire prog	gram:
Ending time:	for Dr. Wells' program: fo		for entire prog	gram:
What takes place imi	mediately after Dr. Wo	ells' program?		
Person introducing D	r. Wells?			
Name: Phone: Email:				
How will the meeting	g room be set up?			
Classroom	Auditoriu	ıml	Banquet	Reception

Please indicate anyone in your organization you wish Dr. Wells to contact for more

Dorson reconneit	o for room set up?			
Person responsible	e for room set-up?			
Name:				
Phone:	Cell:	Email:	:	
Person responsible	e for A/V set up?			
Name:	Call	Empile		
Phone:	Cell:	Email:	•	
	EQUIPMENT	& MATERIALS (circle	e all that apply)	
Podium	Flip Chart	Projection	LCD Projector	Laptop
1 odium	w/Markers	Screen	Leb i rojector	Computer
Microphones	Microphone	Microphone	Other Equipment	Merchandise
Earpieces	Wireless Lapel	Handheld	Other Equipment	Table
When will the med	eting room be availa	able for an A/V che	ck?	
Date:				
Time:				
	E. P	PARTICIPANT HANDO	OUTS	
•	rovide a handout fo n and distribution a		the master docume	ent will be sent to
Where should we	send the handout n	naster?		
Name:			Title:	
Organization:				
City, State, Zip: Phone:	Cell:	Email:		
			-	
Will Dr. Wells be a	able to sell copies of	her books and oth	er resources after th	ne program?
Yes	No			

Will you have a resource area selling books and resources for your speakers?			
YesNo			
	F. TRAVEL INFO	DRMATION	
Where will the event be hel	d?		
Nearest major airport?			
Distance to the meeting site	e in terms of miles and	l time from airport?	
Where will Dr. Wells stay?			
Will the hotel reservation b	e made by your staff?	If yes, who will make the reservation?	
Name: Phone:	Cell:	Email:	
If Dr. Wells is to make her o	wn reservations, rese	rvation must be made by what date:	
Reservations due by (DD/MI			
Who will receive reservatio	n information from Dr	. Wells?	
Name: Phone:	Cell:	Email:	

In case of an emergency, who should Dr. Wells contact?		
Name: Business Phone: Home Phone: Cellular Phone: Email:		
This form was completed by	/ :	
Name:		Title:
Company:		
Address:		City/State/Zip:
Phone:	Cell:	Fax:
E-mail:	Web site:	

Thank you for taking the time to complete this questionnaire!