

**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.*

*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

College/University Program       Student Union/Association 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?**

**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 SCHOOL OR ORGANIZATION**

**What is your school/organization's mission and history?**

**What major changes or challenges does your school or organization face?**

**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:

**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' 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:

Email:

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

\_\_\_ Classroom

\_\_\_ Auditorium

\_\_\_ Banquet

\_\_\_ Reception



**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:

**If Dr. Wells is to make her own reservations, reservation must be made by what date:**

Reservations due by (DD/MM/YY):

**Who will receive reservation 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!***