

Pre-Program Questionnaire

Section #1: Complete contact information

ORGANIZATION: _____ URL: _____

ADDRESS: _____ M/S or SUITE: _____

CITY: _____ STATE/PROVINCE/COUNTY: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PRIMARY CONTACT: _____ TELEPHONE: _____

TITLE: _____ EMAIL: _____

IS THERE A SITE LINK FOR THIS MEETING?: _____

To make Simon's presentation most effective, we would like to schedule a 15-minute conference call with your executive team 2 to 3 weeks prior to this event. Please complete and return this questionnaire before our call.

CONFERENCE CALL DATE OPTION 1: _____ CONFERENCE CALL DATE OPTION 1 TIME: _____

CONFERENCE CALL DATE OPTION 2: _____ CONFERENCE CALL DATE OPTION 2 TIME: _____

WHAT EXECUTIVES WILL LIKELY PARTICIPATE?: _____

Section #2: Speech Information

SPEECH DATE: _____ SPEECH TIME: _____

HOW DID YOU HEAR ABOUT SIMON? (did someone recommend him?): _____

WHY DID YOU CHOOSE SIMON FOR THIS EVENT?: _____

WHAT IS YOUR THEME?:
(Simon wants to build his speech around your program theme.) _____

WHAT DOES THE THEME MEAN TO YOUR GROUP?: _____

IF THERE WAS ONE MESSAGE SIMON COULD REINFORCE FOR YOU, WHAT WOULD IT BE?:

CAN YOU ATTACH AN AGENDA FOR THE DAY?:
(so Simon can see where his speech fits into your program) _____

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Section #3: Travel & Lodging Information

WHAT IS THE NEAREST AIRPORT TO THE MEETING SITE?: _____

WHAT IS THE NAME AND ADDRESS OF THE HOTEL?:
(where you have reserved a non-smoking room for Simon) _____

HOW FAR AWAY IS THE HOTEL FROM THE MEETING SITE?: _____

WHAT IS THE EXACT ADDRESS AND ROOM NUMBER FOR THE SPEECH?:
(Simon will use a GPS to get to your meeting site.) _____

In case of emergency flight delays, please provide two contacts for us to call.

EMERGENCY CONTACTS

CONTACT NAME 1: _____ CONTACT PHONE 1: _____

CONTACT NAME 2: _____ CONTACT PHONE 2: _____

Section #4: Event Information

WOULD YOU PREFER SIMON TO WEAR A SUIT OR GOLF SHIRT?: _____

IS THERE A DINNER RECEPTION SIMON SHOULD ATTEND?:
(If so, when and where is it located?) _____

WHAT IS THE BEST TIME FOR SIMON TO DO HIS A/V AND ROOM CHECK?: _____

WILL AN A/V TECHNICIAN BE ON SITE?:
(What is the contact information for that person?) _____

**Please check the following Audio and Video equipment
that will be supplied and handled by the technician.**

- Wireless Lavalier Microphone
- Projector and screen suitable for PowerPoint
- VGA connection to the projector for Simon's laptop or a laptop provided with USB capabilities
- Sound system for Simon's microphone and videos in PowerPoint presentations

PLEASE EXPLAIN IF NO TO ANY OF THE ABOVE: _____



Section #5: Additional Information

NUMBER OF ATTENDEES: _____ PERCENTAGE MALE: _____ PERCENTAGE FEMALE: _____

WHAT ARE THE MOST IMPORTANT CHANGES HAPPENING IN YOUR COMPANY AND INDUSTRY?:

WHAT ARE THE GREATEST CHALLENGES YOUR AUDIENCE MEMBERS FACE TODAY?:

WHAT ARE YOUR VICTORIES AS A COMPANY/ASSOCIATION/TEAM?: _____

WHAT ARE THE SENSITIVE ISSUES?:

(Topics/subjects not to be mentioned?) _____

IS THERE ANYTHING WE CAN DO TO HELP YOU INCREASE ATTENDANCE?: _____
