

Pre-event Questionnaire

Emily tailors her presentations to meet your needs and objectives, with your input and this completed form. When you finish filling it out, save it as a document or scan it, attach it to an email and send to emily@emilyballance.com

| Name | | | |
|---------------------------------------|---------------------------------|--------------------------|--------------|
| Title | | | |
| Office phone | Cell phone | | |
| Best time to reach (am/pm) | · · | | |
| Email | | | |
| Address | City | State | Zip |
| anization | | | |
| Name | | | |
| Address | City | State | Zip |
| Website | Office phone | | |
| | | | |
| nt Logistics | | | |
| Event Overview | | | |
| Type of event (conference, banquet, | etc.) | | |
| Purpose of event | | | |
| Event theme (if any) | | | |
| Front Landing | | | |
| Event Location | | | |
| Venue name | Lov | 100 | 1 - |
| Venue address | City | State | Zip |
| Venue website | Venue main | pnone | |
| Transportation | | | |
| Closest airport | | | |
| Distance from airport to event venue | | | |
| Distance from airport to hotel | | | |
| Distance from hotel to event venue | | | |
| Transportation arrangements for spea | aker (to/from airport, hotel, e | vent venue) | |
| Hotel Accommodations for Speaker | | | |
| Hotel name | | | |
| Hotel address | City | State | Zip |
| Hotel website | Hotel main p | | |
| Please note: Direct bill to clien | t preferred. Please indicate | if other type of billing | is required. |
| Key Contacts | | | |
| On-site key contact name | | | |
| Cell phone | Email | | |
| Emergency alternate contact (day of e | event) | | |
| Cell phone | Email | | |
| Audiovisual/IT Technician contact | J | | |

• Please note: AV equipment/sound check to be performed at least 1 hour prior to presentation

Email



Pre-event Questionnaire (continued)

| Aud | ience | & Ob | jectives |
|-----|-------|------|----------|
| | | | |

| 1. | Who will attend? (CEOs, managers, sur | oport staff. etc.) | |
|-----|---|----------------------------------|------------------------|
| 2. | , , , | Approximate % Male | Approximate % Female |
| 3. | Will most audience members know each other? | | |
| 4. | Specific goals/objectives of the event | | |
| 5. | What are the top common stresses/cha | llenges/concerns of your audie | nce? |
| | • | - | |
| | • | | |
| | • | | |
| | • | | |
| 6. | What are the top common acronyms us | ed by your organization and wh | nat do they stand for? |
| | • | | |
| | • | | |
| | • | | |
| | • | | |
| 7. | List some of the key buzz words, inside | jokes or general industry lingo | |
| | • | | |
| | • | | |
| | • | | |
| 8. | What common goals bring the audience | | |
| 9. | Please note any specific topics/items yo | | SS |
| 10. | Please note any specific topics/items you | ou would like for Emily to avoid | |
| | | | |

Speaker Presentation(s) – List preferred topics

| Presentation 1 | | | |
|---------------------------------|------------|----------|--|
| Topic | | | |
| Title | | | |
| Duration | Start time | End time | |
| What precedes the presentation? | | | |
| What follows the presentation? | | | |
| Comments: | | | |

| Presentation 2 | | | |
|---------------------------------|------------|----------|--|
| Topic | | | |
| Title | | | |
| Duration | Start time | End time | |
| What precedes the presentation? | | | |
| What follows the presentation? | | | |
| Comments: | | | |

Speaker Introduction

| Person introducing Emily | | |
|--------------------------|-------|------------|
| Title | Email | Cell phone |

Other

Is there anything else you would like for Emily to know?