

## Valerie Felder | The Close-Knit Family Pre-Program Questionnaire

Please answer the following questionnaire as thoroughly as possible. Your feedback is critical to the success of your event as Valerie tailors her programs to satisfy the needs of the requesting organization. Send the completed questionnaire to [valerie@thecloseknitfamily.com](mailto:valerie@thecloseknitfamily.com). A number for faster voice connections will then be provided.

### ***Provide general company data:***

Official Company/Association Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Company Slogan: \_\_\_\_\_

### ***Provide program details and Objectives:***

Conference/Program Theme: \_\_\_\_\_

Specific Presentation Title: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Length of Valerie's Presentation: \_\_\_\_\_

What is on the program just before Valerie speaks? \_\_\_\_\_

What happens in the program right after she speaks? \_\_\_\_\_

Specific purpose of this meeting (awards banquet, annual meeting, etc.) \_\_\_\_\_

\_\_\_\_\_

Specific objectives for Valerie's presentation? \_\_\_\_\_

\_\_\_\_\_

What would make Valerie's presentation special for your group? \_\_\_\_\_

\_\_\_\_\_

What do you expect your group to gain from Valerie's participation to consider her involvement a success? (Please be as specific as possible)

\_\_\_\_\_

\_\_\_\_\_

Are there sensitive issues Valerie should avoid? \_\_\_\_\_  
\_\_\_\_\_

**Provide information on Attendees/Audience:**

Number attending: \_\_\_\_\_ % male \_\_\_\_\_ % female \_\_\_\_\_

Predominant Age Group: (circle one) 18-25 26-30 31-40 41-50 50+

Majority Educational Background: \_\_\_\_\_

Major job responsibilities of audience: \_\_\_\_\_  
\_\_\_\_\_

Will this be a voluntary or mandatory program for attendees? \_\_\_\_\_

If mandatory, how receptive are the attendees to this program? \_\_\_\_\_

Please state other relevant issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide information on key attendees:**

Who are other speakers on the program?

Speaker \_\_\_\_\_ Topic \_\_\_\_\_

Speaker \_\_\_\_\_ Topic \_\_\_\_\_

Speaker \_\_\_\_\_ Topic \_\_\_\_\_

What speakers have you used in the past that covered topics related to what Valerie will be presenting for you?

Speaker \_\_\_\_\_

Speaker \_\_\_\_\_

What did you like and/or dislike about previous presentations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name key executives/leaders/dignitaries who will be in Valerie's audience.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Provide details about your audience:***

Recent Achievements: \_\_\_\_\_

\_\_\_\_\_

Problems/Challenges: \_\_\_\_\_

\_\_\_\_\_

Breakthroughs: \_\_\_\_\_

\_\_\_\_\_

What separates your high-performance people from others: \_\_\_\_\_?

\_\_\_\_\_

***Provide details about your Organization:***

Recent Achievements: \_\_\_\_\_

\_\_\_\_\_

Problems/Challenges: \_\_\_\_\_

\_\_\_\_\_

Breakthroughs: \_\_\_\_\_

\_\_\_\_\_

Significant Events/Mergers/Relocations/Awards: \_\_\_\_\_

\_\_\_\_\_

***Provide details about your Industry:***

Recent Achievements: \_\_\_\_\_

\_\_\_\_\_

Problems/Challenges: \_\_\_\_\_

\_\_\_\_\_

Breakthroughs: \_\_\_\_\_

\_\_\_\_\_

**Provide information on Logistics:**

How will the attendees be dressed for this event? \_\_\_\_\_

How should Valerie dress for this event? \_\_\_\_\_

Will the event be audio taped? Y N      Will the event be videotaped? Y N

What type of microphone will be provided? Handheld   Clip-on   Lavalier   Other

Will a projector and screen be available for PowerPoint Presentations? Y N

Will a DVD player and monitor be available for video clips? Y N

**Travel Information**

Best airport for Valerie's arrival? \_\_\_\_\_

Recommended/Event Hotel? \_\_\_\_\_

How will Valerie be transported from the airport to the hotel? \_\_\_\_\_

Venue Name (if different from hotel) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Contact Person:**

Name: \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Alternate Contact(s) if Primary Contact cannot be reached on time-sensitive matters:**

Name: \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***I consider it an honor to serve you and your organization.***