

Pre-Program Questionnaire

Cheewa James

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This questionnaire is designed to provide a better understanding of your organization and event attendees. Please return as soon as possible by fax or mail. **Please print.** SPECIAL REQUEST — You are welcome to send **printed material** on your company or association: newsletters, annual report, product brochures, materials from previous meetings (speakers, topics) to the address above.

Organization _____ Contact Person _____

Title _____ Address _____

City _____ State _____ Zip _____

Work phone (_____) _____ Home phone (_____) _____ Fax (_____) _____

Email address _____ Cell phone - emergency (_____) _____

Location of meeting: Facility _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Presentation date (primary presentation): _____ time: _____ am/pm to _____ am/pm

Secondary presentation (if any) date: _____ time: _____ am/pm to _____ am/pm

Presentation title requested: _____

Secondary title, if requested: _____

Primary presentation: number of attendees _____ average age _____ % male _____ % female _____

Secondary presentation (if any): number of attendees _____

1. What is the mission/philosophy statement for your organization? (Fill in or attach material.)

2. Is there a theme or slogan for this particular meeting?

3. What are current breakthroughs, legislation or changes experienced by your industry or organization?

