## **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. <u>Please print</u>. SPECIAL REQUEST — You are welcome to send <u>printed material</u> on your company or association: newsletters, annual report, product brochures, materials from previous meetings (speakers, topics) to the address above.

Organization	Contac	t Person				
Title	Address					
City		StateZip				
Work phone ()Home pho	ne ()	Fax ()				
Email addressCell phone - emergency ()						
cation of meeting: Facility AddressAddress						
City	StateZip	Phone ()				
Presentation date (primary presentation):	time:	am/pm toam/pm				
Secondary presentation (if any) date:	time:	am/pm toam/pm				
Presentation title requested:						
Secondary title, if requested:						
Primary presentation: number of attendees						
Secondary presentation (if any): number of at	tendees					
<ol> <li>What is the mission/philosophy staten</li> <li>Is there a theme or slogan for this par</li> </ol>	·	ation? (Fill in or attach material.)				

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

4.	Name significant events that ha	ave occurred in your industry	or group in the past	year.
5.	What top challenges or proble motivation, stress, budget allo		anization that need to	be addressed? Morale,
6.	What is special about this aud would be appropriate?	ience? What positive things a	are they accomplishin	g for which recognition
7.	What are the specific objective behavior do you want to affect	es for my session(s)? What do or change?	you wish to accompl	ish? What changes in
8.	List two top leaders or key pe necessary. <u>Name</u>	ople in your organization tha <u>Position</u>	t can be interviewed f <u>Phone</u>	or more information, if <u>Email</u>
	a			
	b			