

CONNIE PODESTA PRESENTS

PRE-PROGRAM QUESTIONNAIRE

Connie Podesta wants to contribute in a meaningful way to your event's total success. Therefore, it is important that she receive as much information as possible about your organization and event so she can create the best presentation to fit your specific needs. Please complete this questionnaire and return with any additional marketing promotional materials (program/event brochure, newsletters, invitations, press kits, etc.) **prior to your first conference call with Connie**. If all information is not available, please complete as thoroughly as possible and follow-up with additional information. We appreciate your time and attention to detail. We know your time is valuable. Thank you so much for your help.

PLEASE NOTE: All information provided should reflect any information already listed on Connie's contract. A change or addition on this form does NOT constitute a change to the contract and MUST be requested and approved in writing by the speaker.

Organization: _____

Address: _____

Website: _____

Date of Connie's Program: _____

1. Primary Contact Person prior to event:

Name: _____ Title: _____

Office phone: _____ Cell phone: _____

Fax Number: _____ E-mail: _____

2. Primary Contact Person at the event (if different than above):

Name: _____ Title: _____

Office phone: _____ Cell phone: _____

Fax Number: _____ E-mail: _____

LOGISTICAL INFORMATION

1. What is the conference/event theme or focus? _____

2. What is happening immediately BEFORE Connie's presentation? _____

3. What is happening immediately AFTER Connie's presentation? _____

4. What speakers have you had in the past? _____

5. Who else is speaking at this event? _____

AUDIENCE PROFILE

6. Number attending Connie's program: _____ % male _____ % female
7. Average age: _____ age range: _____
8. Who will be attending (i.e., executives, managers, employees, customers, clients)? _____

9. Spouses invited? _____ If so, will they be encouraged to attend Connie's presentation? _____
10. Anything else Connie should know about this audience? _____

ORGANIZATION OVERVIEW

11. Please provide a brief description of your organization (primary product or service, most important benefits you offer your customers/members, unique features of your service, major competitors, major strengths/weaknesses, major competitors, etc.): _____

12. Who is your organization's target market? _____

CONNIE'S PROGRAM

13. What are your three most important objectives for Connie's presentation?
a. _____
b. _____
c. _____
14. What ideas/skills do you want your group to retain from Connie's presentation?

15. Would you like Connie to provide you with some free articles and videos that you could share with your audience for several weeks after the event to ensure longer-lasting results? _____
16. Rank in order of importance to your audience: entertainment, content, motivation.
1 _____ 2 _____ 3 _____

StandOut *with* ConniePodesta

17. Check the areas you would like Connie to integrate into her presentation:

<input type="checkbox"/> leadership	<input type="checkbox"/> relationships	<input type="checkbox"/> reality check	<input type="checkbox"/> teamwork
<input type="checkbox"/> change	<input type="checkbox"/> sales	<input type="checkbox"/> accountability	<input type="checkbox"/> managing expectations
<input type="checkbox"/> added value	<input type="checkbox"/> performance	<input type="checkbox"/> attitude	<input type="checkbox"/> life balance
<input type="checkbox"/> customer service	<input type="checkbox"/> communication	<input type="checkbox"/> stress, crisis	<input type="checkbox"/> other

completed by (signature): _____

Printed Name: _____

Title: _____

Company: _____

Phone: _____ **Email:** _____

Date: _____

Please return this form by fax or email to:
Teresa Biehl @ 972-964-2462 (fax), teresa@conniepodesta.com, 972-596-5501 (office)