

YvonneOrtega9@gmail.com \* P.O. Box 955; Yorktown, VA 23692

## **Pre-program Questionnaire**

By completing this questionnaire, you will help me create a program specifically for your group's success. Thank you so much.

| Name of Planner/Coordinator:  |                    |           |  |
|---|--------------------|-----------|--|
| Cell Phone Number:  |                    |           |  |
| Name of the company or organization:  |                    |           |  |
| Day and Date of the event:  |                    |           |  |
| Time event starts:  | Time event ends: _ |           |  |
| Event theme:  |                    |           |  |
| Goal or objectives for the event:   |                    |           |  |
| Attire for the women in the audience: _ Other speakers, if any, at the event: |                    |           |  |
| Street address for the event:   |                    |           |  |
| City:   | State:             | Zip Code: |  |
| Phone number at the event:  |                    |           |  |
| Will a meal be served?  |                    |           |  |
| Will you welcome a guest to sit in the audience?                              |                    |           |  |
| Projected number of adults in the audience:                                   |                    |           |  |
| How well do the attendees know one another?                                   |                    |           |  |
| General description of the audience: _  |                    |           |  |

| What are their strengths?  |
|--|
| What are their challenges?   |
| What is the background of the attendees on this topic?                             |
|  |
| Are there any cultural, political or other sensitive issues to avoid?              |
| Time Yvonne starts to speak: Time Yvonne ends:                                     |
| Name of the person who will introduce Yvonne:                                      |
| Names of the last three speakers your group/organization has hired:                |
|  |
| Because of Yvonne's presentation, what do you want your audience to do:            |
| Your group/organization's website:   |
| Mission or philosophy of your group/organization:                                  |
| Name and phone number of three persons Yvonne can interview prior to the event:  1 |
| 2  |
| 3.   |
| Please email your completed questionnaire to YvonneOrtega9@gmail.com               |
| Thank you so much.   |
| Sincerely,<br>Yvonne Ortega, DTM   |