Dr. Keri Brown, N.D.

Keynotes • Seminars • Consultations

Tilting Health Forward

Pre-Program Questionnaire

This questionnaire is designed to help us prepare a program that is specifically tailored to the needs of your group. Please answer all the questions, and return the form to our office. Fax 316-942-5313 Thank You.

> **Special Request:** Please send me as much information as possible to help increase my understanding of your organization. This includes website links, newsletters or other information you feel would be of value.

Client:_____ Event Date: _____

General Contact: _____ Phone # (____)_____

If problems/emergencies arise on the way to the program, who should I contact:

Name_____

Business # (____)_____ Home # (____)_____ Cell or pager # (____)_____

Nearest airport from hotel and speech location: _____

_____

1. AUDIENCE ANALYSIS INFORMATION: (If a public program, just estimate.)

a) Number of attendees? _____ % Male? _____ % Female? _____ Spouses invited? Yes___ No___

b) Average age of group? _____ Range of age? _____ to _____

c) Major job responsibilities of audience members? _____

d) What are the names/titles of the top people who will be at the meeting? _____

_____

_____

2. THE PROGRAM ITSELF: (in addition to what we've discussed)

a) What are your specific objectives/results for my session? _____

_____

_____

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b) Are there any issues/topics in particular that you think I should discuss during the program? _____

_____

_____

c) Key issues to avoid (if any):_____

_____

d) What is the purpose of this meeting (annual meeting, awards, education etc.)?_____

_____

e) When your people depart from this presentation, what ONE thing do you want to be uppermost in their minds? _____

f) Name and title of my introducer: _____

g) Starting times for: My program _____ Entire program _____

h) Ending times for: My program _____ Entire program _____

g) If speaking multi times at your program, please state all program times and titles:

h) Starting times for: My program _____ Ending time for: _____ My program Title: _____

i) Starting times for: My program _____ Ending time for: _____ My program Title: _____

j) What takes place before my program (speaker, meal, workshop)? _____

_____

k) What takes place immediately after my program (break / another speaker / nothing, etc.) _____

_____

l) If other speakers are on the program with me, who are they and what are their topics? _____

_____

_____

Additional Details:

_____

_____

_____

_____

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