

GENERAL INFORMATION:

Pre-Event Questionnaire

Thank you for selecting Pat Council to present at your event. Please complete this questionnaire to help Pat provide you with the best presentation possible.

Email the completed questionnaire to: patcouncil.com as soon as possible.

	Primary Contact Name:	Title:	
	Organization:		
	Address:	Office Phone:	
	Cell Phone:	Email:	
	Person who will sign the contract if different	Title:	
	contact:	Email:	
PRESENTATION INFORMATION:			
Name of Event:			
Date/Time of Presentation:			
Title of Presentation:			
Type of Presentation (workshop/opening or closing keynote/other):			
Leng	th of Presentation:		
Wha	t time should speaker arrive onsite:		
Meeting/conference attire:			
Wha	t is the theme of the event?		

PHONE: 904-519-5443 EMAIL: PATCOUNCIL@PATCOUNCIL.COM



MEETING SITE INFORMATION & ACCOMMODATION	s:
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Event location/address:

Nearest airport to event location:

Limo service/other transportation arranged?

Hotel room reserved for Pat? If yes, name, address & confirmation number:

Cell Phone: Onsite Contact Name:

AUDIENCE INFORMATION:

Expected # of people:

Describe the audience, i.e., age, sex, job title/occupation, etc.

What are the key messages you would like the group to take away?

Describe any industry/company/departmental "hot topics" or issues that Pat should be aware of.

Are there any websites that provide pertinent information about this group or your industry?

Are there any acronyms, buzzwords or jargon that would be universally recognizable to the group?

Share with Pat anything you think is important to her preparation for the presentation:

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