

Pre-Event Questionnaire

Tim Gard, CSP - Comic Visions® LLC

Please take a moment to complete both pages of this survey. Your answers will help me to tailor the presentation to your group.

I. THE EVENT:

1. Your Organization name: _____

2. Is this a CONFERENCE - BUSINESS MEETING - RETREAT - BANQUET - OTHER:

3. Theme: _____
PLEASE SEND ME A MEETING AGENDA AS SOON AS POSSIBLE!

4. Purpose of the meeting: _____

5. Recommended attire for men: Very casual (jeans) - Shirt and Tie (no jacket) - Suit - Sports coat -----
Pocket protector and white shirt ----- Business Casual ----- Toga – OTHER: _____

6. Event Site Location: _____
Site address: _____
Site PH _____ Site contact person _____

II. MY PRESENTATION(S):

a. Date ___/___/___ Starting at: ___:___ am/pm Duration _____ *Setup time: _____
b. Date ___/___/___ Starting at: ___:___ am/pm Duration: _____ *Setup time: _____
c. Date ___/___/___ Starting at: ___:___ am/pm Duration: _____ *Setup time: _____

***Setup time for my programs are no less than 15 minutes. This may be done just prior to my event if you have a break scheduled or it may be done earlier in the day and the prop tables brought to the front of the room just prior to my event.*

III. MY TRAVEL:

* Closest airport to event site: _____ N/A _____

*Recommended transportation mode from airport to hotel or event site is (shuttle/cab): _____
_____ phone: _____

*Estimated travel time from airport to site is: _____

* Special Directions: _____

PLEASE GO TO PAGE 2 TO COMPLETE THE REST OF THIS FORM

**TIM GARD, CSP
PRE-EVENT QUESTIONNAIRE**

IV. MY AUDIENCE:

- Estimated number of people each program: a. ____ b. ____ c. ____ Age: ____ to ____
- Children in attendance? Y N ____ % female ____ % male.
- Who will attend: Supervisors, Managers, line staff, maintenance staff, support staff, Executives,

- Briefly, what is the nature of the work performed by the group _____

- Employed by: Business - Self-employed - Non profit - Federal - State - County - _____
- How much do they travel?: Percent of air travel ____ % Percent of surface travel ____ %

The name of your computer system: _____

Top ranking person(s) in my audience: _____

Please list a few job situations or duties that can cause stress to my audience as they do their work:

a. _____

b. _____

c. _____

What are some of the things that the public - customers - coworkers - say or do that may irritate or cause stress at work:

a. _____

b. _____

c. _____

Are there any specific items you would like me to address Y N or avoid Y N in my seminar?

Would you like me to contact you to discuss any of the items on this survey? Y N

Call: _____ PH: _____ When: _____

In case of emergency who can I contact on site of the event or within 24 hours of the event:

Name: _____ telephone: Bus. _____ Home: _____ Cell: _____

Completed by : _____ on ____/____/____

Please fax or mail your questionnaire to the address below.