

PRE-PROGRAM QUESTIONNAIRE

To assist Linda in planning her travel, it is **imperative** that you complete this document and submit it as soon as possible. Each question is extremely important to ensure Linda arrives on time and understands the agenda.

EVENT

DATE OF EVENT: _____ CLIENT: _____

EVENT REASON: _____

WHERE DID YOU HEAR ABOUT LINDA (PROVIDE DATE IF POSSIBLE): _____

ORGANIZATION'S SOCIAL MEDIA INFORMATION: _____

SOMETHING UNIQUE ABOUT YOUR ORGANIZATION: _____

PRESENTATION

Topic: What Now? (Signature Keynote) Innovation—One Size Doesn't Fit All
 Leadership—Keys to Success Blind Curves—How to Stay Resilient

SPEAKING TIME: _____ ROOM NAME: _____

SPEAKING TIME: START _____ - _____ FINISH ROOM NAME: _____

A / V CHECK TIME: START _____ - _____ FINISH AUDIENCE SIZE: _____

PERSON INTRODUCING LINDA: _____

IS THERE ANYONE LINDA SHOULD RECOGNIZE IN THIS PRESENTATION? (I.E., PRESIDENT, ETC.) _____

VENUE

VENUE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

CONTACT INFORMATION

*Please provide a mobile phone number in case of an emergency.

PRIMARY CONTACT: _____ TITLE: _____

OFFICE PHONE: _____ MOBILE PHONE: _____

FAX: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

GROUND TRANSPORTATION

- Please have Linda arrange her own ground transportation
- Client will arrange a professional car service for Linda to be picked up / returned to the airport

CAR SERVICE NAME: _____ DRIVER'S NAME: _____
DRIVER'S MOBILE PHONE: _____ CONFIRMATION: _____
PICKUP LOCATION: _____ NEAREST AIRPORT: _____
MILES FROM AIRPORT TO VENUE: _____

HOTEL

Hotel accommodations are to be made by client with the room, taxes, Internet and parking to be billed to client's master account. A King Bed (non-smoking) room is **required** and must be **guaranteed** under Linda's name. If you would like Linda to make her own reservation, please check the appropriate box.

- Please have Linda make her own reservation
- Client will arrange for Linda's hotel

Required and **Guaranteed**: Non-smoking room, King bed, room tax, Internet and parking (if applicable)

HOTEL: _____
CHECK-IN DATE: _____ CHECK-OUT DATE: _____
CONFIRMATION NUMBER: _____
PHONE: _____ FAX: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

Please complete this form and email it to amanda@allthingspeaking.com

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