



EXPERIENCE EXCELLENCE with **CONNIE PHEIFF**

Pre-Program Questionnaire

Connie wants to contribute a meaningful way to your event's success. It is important that we receive as much information as possible about your organization and event so we can create the best presentation to fit your specific needs. Please complete this questionnaire and return with any additional marketing promotional materials (program/event brochure, newsletters, invitations, press kits, etc.) prior to your **first conference call with Connie**. If information is not available, please complete as thoroughly as possible and follow-up with additional information when applicable. Connie appreciates your time and attention to detail. We know your time is valuable.

PLEASE NOTE: (When applicable) The information provided should reflect any information listed on Connie's contract. A change or addition on this form does NOT constitute a change to the contract and MUST be requested and approved in writing by the speaker. Once your completed questionnaire is received Connie will schedule a call to discuss this and any other questions you may have. Thank you for your help in making your event a success!

Organization: _____

Address: _____

Website: _____

Date of Connie's Program: _____

1. Primary contact prior to event:

Name: _____ (Print) Title: _____

Office Phone: _____ Cell: _____

E-Mail: _____

2. Primary contact during the event (if different than above):

Name: _____ (Print) Title: _____

Office Phone: _____ Cell: _____

E-Mail: _____

LOGISTICAL INFORMATION

1. What is the conference/event theme or focus? _____
2. What is happening immediately BEFORE Connie's presentation? _____
3. What is happening immediately AFTER Connie's presentation? _____
4. What speakers/presenters have you had in the past? _____
5. Who else is speaking/presenting at this event? _____
6. How long is Connie's program? _____

AUDIENCE PROFILE

6. Number attending Connie's program: _____ % male _____ % female _____
7. Average age: _____ Age range: _____
8. Who will be attending (i.e., executives, managers, employees (staff), customers, clients)? _____

9. Anything else Connie should know about this audience? _____

ORGANIZATION OVERVIEW

10. Please provide a brief description of your organization (primary product or service, most important benefits you offer your customers/members, unique features of your service, major competitors, major strengths/weaknesses, major competitors, etc.): _____

11. Who is your organization's target market? _____

CONNIE'S PROGRAM

12. What are your three most important objectives for Connie' /s presentation?

1. _____
2. _____
3. _____

13. What ideas/skills do you want your group to retain from Connie's presentation?

14. Would you like Connie to provide you with some free articles and videos that you could share with your audience for several weeks after the event to ensure longer-lasting results? _____

15. Rank in order of importance to your audience: entertainment, content, motivation.

1 - _____ 2 - _____ 3 - _____

16. Check the top three (3) areas you would like Connie to integrate into her presentation:

- | | | |
|-----------------------------|------------------|---------------------|
| _____ Personal Development | _____ New Normal | _____ Freedom |
| _____ Relationships | _____ Marketing | _____ Reality Check |
| _____ Managing Expectations | _____ Leadership | _____ Other |

Return completed form by email to:
TEAMPHEIFF@pheiffgroup.com
Questions: 570.906.4395

UNSTOPPABLE TOGETHER!