

Dr Jo Messenger

PRESENTATION QUESTIONNAIRE

Please complete and return prior to phone briefing

CLIENT NAME:
CONFERENCE DATE:
CONTACT NAME:
EMAIL:
BEST PHONE:
OFFICE ADDRESS:
Dress code 1. Business <input type="checkbox"/> 2.Casual <input type="checkbox"/> 3.Black tie/ Formal <input type="checkbox"/>

The Program
1. Event Title
2. Meeting Facility, Location, Room:
3. Dr Jo's contact prior to arrival and during meeting:
TITLE: NAME:
PHONE (WK): HOME:
CELL:
WHAT TIME/ DATE WILL CONTACT ARRIVE ON SITE?
WHAT HOTEL WILL CONTACT STAY AT FOR EVENT?
ROOM NUMBER/ ON-SITE OFFICE?
SECONDARY CONTACT in case of emergency:
NAME:
CELL:
4. Program Theme:
5. Speech Title for Dr Jo?
6. Name and title of introducer:
7. What time does the day begin?
8. What takes place immediately before Dr Jo's speech?

