



Susan C. YOUNG
 POSITIVE IMPACT & CHANGE EXPERT



PRE-PROGRAM QUESTIONNAIRE

Susan Young wants to contribute in a meaningful way to your event's total success. Therefore, it is important that she receive as much information as possible about your organization and event so she can create the best presentation to fit your specific needs.

Organization: _____

Address: _____

Website: _____

Primary Contact Person prior to event:

Name: _____ Title: _____

Office phone: _____ Cell phone: _____

Fax Number: _____ E-mail: _____

Primary Contact Person at the event (if different than above):

Name: _____ Title: _____

Office phone: _____ Cell phone: _____

Fax Number: _____ E-mail: _____

LOGISTICAL INFORMATION

Date of Susan's Program: _____

Time: Beginning _____ AM/PM Ending _____ AM/PM

What is your event theme or focus? _____

What is happening immediately BEFORE Susan's presentation? _____

What is happening immediately AFTER Susan's presentation? _____

What speakers have you had in the past? _____

Who else is speaking at this event? _____



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AUDIENCE DEMOGRAPHICS

Number Attending Susan's Program: _____ % male _____ % female

Average Age: _____ Age Range: _____

Who Will Be Attending (i.e., executives, managers, employees, customers, clients)?

Are Spouses Invited? _____ If so, will they be encouraged to attend Susan's presentation? _____

Anything Else Susan Should Know About this Audience?

ORGANIZATION OVERVIEW

Please Provide a Brief Description of Your Organization (mission, product, service, goals)

Who is Your Target Market? _____

What Challenges Are Your People Dealing with at Work?

SUSAN'S PROGRAM

What Are Your 3 Most Important Objectives for Susan's Presentation?

1. _____
2. _____
3. _____



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Check the areas you would like Susan to integrate into her presentation:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> leadership | <input type="checkbox"/> relationships | <input type="checkbox"/> reality check | <input type="checkbox"/> teamwork |
| <input type="checkbox"/> change | <input type="checkbox"/> sales | <input type="checkbox"/> accountability | <input type="checkbox"/> managing expectations |
| <input type="checkbox"/> added value | <input type="checkbox"/> performance | <input type="checkbox"/> attitude | <input type="checkbox"/> life balance |
| <input type="checkbox"/> customer service | <input type="checkbox"/> communication | <input type="checkbox"/> stress, crisis | <input type="checkbox"/> other _____ |

Completed by (signature): _____

Printed Name: _____

Title: _____

Company: _____

Phone: _____ Email: _____

Date: _____

Please email to:
Susan@SusanCYoung.com or call 850-598-3317