

Infinity Consulting and Training Solutions Pre-Event Questionnaire



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YouTube: <http://bit.ly/gi0hhH>
Blog: www.Think2SuccessNow.com

Sardek P. Love
President and Founder
Infinity Consulting and
Training Solutions

Pre-Event Questionnaire

Sardek Love

SPEAKER | CONSULTANT | TRAINER | COACH

Client Name: _____

Name of Your Group/Organization: _____

Website Address: _____

At your convenience, please complete the following Pre-Event Questionnaire so that I may properly research and customize your program to meet your specific needs.

1. The title of your event or retreat:

a) Is there a theme or focus? Please elaborate.

2. Date(s) to be held:

3. Location of event: _____

Address: _____

Phone: _____

Website: _____

4. Explain your agenda and breakout sessions, including times:

5. What will take place before Sardek's presentation?

6. What will take place after Sardek's presentation?

7. What other training sessions will be taking place during your event?

8. What are your three most important objectives for Sardek's presentation(s)?

1. _____

2. _____

3. _____

9. What would make Sardek's presentation more meaningful to your group?

10. Are there any sensitive issues or topics that should be avoided?

11. What have you liked most about speakers you have had in the past?

12. What have you least enjoyed about speakers you have had in the past?

13. What will be the attire for your organization's attendees at this event?

About the Audience

Your input here is helpful to better understanding the dynamics of your organization's specific culture and group make-up. It does not, in any way, affect the content of the program. It simply helps me as the presenter to better serve your specific audience.

14. Estimated number of attendees: _____

15. Percentage of males: _____ Percentage of females: _____

16. Percentage of Managers or Supervisors: _____

17. Percentage of Senior or Executive level Leaders: _____ Other: _____

18. Group age range: _____

19. Others who may attend the event? (clients, spouses, contractors, vendors, etc.)

20. What are the names and titles of your top Leadership who will be attending the event?

21. Is there any industry jargon or terminology Sardek should be familiar with or recognize?

About Your Organization or Group

22. Describe your organization's culture.

23. What are the greatest challenges your organization or group is currently facing?

24. Who are your primary competitors?

25. What areas or regions does your organization or group serve?

(PLEASE CONTINUE TO NEXT PAGE)

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Name of the person who completed this questionnaire:

Name: _____

Date: _____

Phone: _____

Please fax or email this information to Sardek Love:

Email: info@ictscorp.com

Fax: 703-368-1928

Any questions:

Call Sardek Love
President and Founder
Cell: 540-520-5733

Thida Win-Love
VP of Sales and Marketing
Cell: 571-277-1310

Thank you for your assistance. Your valuable input will help to ensure the success and effectiveness of this presentation.