



Pre-Program Questionnaire

Please complete and return to:

Elevate Success

560 Peoples Plaza, #166

Newark, DE 19702

Fax#: 1-888-854-2393

Email: info@LaShawandaMoore.com

Tell us about Your Program:

Contact Person: _____

Title: _____

Phone#: _____

Event Date: _____

What is the program theme?

What is the specific purpose of this program (workshop, training, etc.)?

What are the specific objectives for a presentation by LaShawanda Moore?

What is the name and title of the MC/Introducer? _____

Timeframe for the presentation: Start: _____ End: _____

Will there be an intermission/break? Yes: _____ No: _____
Time: _____

What takes place immediately before and after the presentation (meal, another speaker, etc.)?



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Who are the other speakers on the program (if applicable)?

Name/Title: _____ Topic: _____

Name/Title: _____ Topic: _____

Who were the professional speakers used in the past, and what did they cover?

Name/Title: _____ Topic: _____

Name/Title: _____ Topic: _____

What did you specifically like/dislike about their presentation? Why?

Do you have any suggestions to help make this program your best ever?

Provide General Background Information:

1. What are some current problems/challenges/breakthroughs experienced by your industry or organization?

Industry:

Problems _____

Challenges _____

Breakthrough _____



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Organization:

Problems _____

Challenges _____

Breakthrough _____

2. What are three main things you think the speaker should know about the audience?

3. Which specific activities/behaviors separate your high performance people from your average/below average representatives?

4. What are the most significant events that have occurred in your industry, organization, or business over the last year?

Thank you for requesting our services and completing the questionnaire. Someone from our office will be contacting you soon.