

**PRE-PROGRAM QUESTIONNAIRE**

At least 30 days prior to the event please complete and return to:

Wendy Ida Enterprises, LLC, P.O. Box 3124, Lakewood, CA. 90711-3124,  
 Email: [speaker@wendyida.com](mailto:speaker@wendyida.com) | Office: 323- 522-4432 | Fax: 562- 272-7319

**THE PROGRAM:**

Contact Person	Event Date
Title	Organization/Church
Phone #	Event Location

What would you like Wendy to do: Keynote, Seminar, Retreat, Panel Expert, Panel Moderator, Mistress of Ceremonies (circle one) other: \_\_\_\_\_

What is the theme of the program?  
 \_\_\_\_\_

What is the purpose of the event? (Awards night, annual meeting, top performers luncheon, women’s day, prayer breakfast, etc.)  
 \_\_\_\_\_

Do you have specific goals and objectives for the presentation? If yes, what are they?  
 \_\_\_\_\_  
 \_\_\_\_\_

As Wendy talks/presents, are there certain issues that are considered sensitive that she should avoid?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please complete the following pertinent information regarding the presentation:**

Introducer/MC Name:	Title:
Timeframe for the presentation: Start	End
Are there any scheduled breaks or intermissions?	Yes: No: What time?

**Please tell me what happens just before and right after Wendy’s presentation? (Is there another speaker a meal, break, etc.?)**

Before: \_\_\_\_\_

After: \_\_\_\_\_

Are there other people on the program who are presenting?

Name/Title: \_\_\_\_\_ Topic: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Topic: \_\_\_\_\_

Please tell me the other professional speakers that your organization has used in the past and the topics that they covered.

Name/Title: \_\_\_\_\_ Topic: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Topic: \_\_\_\_\_

Will the event accommodate a speaker’s product table? \_\_\_\_\_

Please share comments from the organization on their performance. Please include likes/dislikes without names.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What can Wendy do to make this program the best one ever?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUDIENCE**

Number Attending	Average Age
Percentage of males	Percentage of females
Educational background	Age Ranges

Do the participants have any responsibilities throughout the presentation (should they be taking notes etc.)?

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**GENERAL INFORMATION:**

What are some current problems, concerns, challenges, triumphs experienced by your industry or Organization participants?

Industry Problems/Concerns:

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Industry Challenges:

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Industry Triumphs:

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Organization Problems/Concerns:

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Organization Challenges:

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Organization Triumphs:

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People Problems/Concerns:

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People Challenges:

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People Triumphs:

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Is there anything else I should know about the participants?

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What are the most significant events that have occurred in your industry, organization or amongst your people in the past year? (Down-sizing, mergers, relocations etc.)

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Thank you!!!

Upon completion, please fax this form to 562-272-7319 so that we can prepare to make your event **the BEST ONE EVER!**