

Speaking & Training Pre-program Questionnaire



Please complete this questionnaire to help the Insight Institute team organize your event and assist Dr. Handley in customizing the content of his training or speaking presentation to your organization's needs.

As you answer the questions, consider what content you would like the session to focus on and that would make the training or speech a success. This will also serve as a helpful discussion guide when you personally talk with Dr. Handley in your pre-training conference.

Presentation Topic: _____

Date scheduled: _____

General Location: _____

Street address that is searchable with online maps:

1. Contact Person for pre-event planning:

Name: _____

Title/Role: _____

Office phone: _____ Mobile phone: _____

E-mail: _____

Contact Person the day of the event (if different from above):

Name: _____

Title/Role: _____

Office phone: _____ Mobile phone: _____

E-mail: _____

About Your Organization

Please describe your organization (include primary services and products it delivers, who your customers are and a brief description of key strengths and challenges your organization (or team) is faced with.

Attendees

Number of attendees: _____

Please list the attendee’s general roles and job titles within the organization (i.e. executives, managers, employees, etc.):

If a speech, will family and friends of participants be in attendance? (yes or no) _____

If the session is a part of an extended training program or conference please list:

The conference/training theme or focus: _____

What sessions will precede this speech/training? _____

What sessions will follow this speech/training? _____

Any special conditions, other key speakers, etc. _____

Regarding this Speech/Training Session

What are the three most important objectives?

1. _____

2. _____

3. _____

What skills do you want the participants to develop if it's a training session, or what ideas do you want them to carry forward if it's a speech?

1. _____
2. _____
3. _____

List any problematic or sensitive issues that should be avoided:

Check the areas you would like emphasized:

_____personality traits _____difficult people _____teamwork _____communications
_____leadership _____conflict _____customer service _____performance inhibitors
_____performance enhancers _____other (please explain) _____

List obstacles that may be faced: (previous speaker history, facility challenges, or unique participant characteristics, etc.)

1. _____
2. _____
3. _____

Travel Information

Best airport to fly into: _____

Hotel/Lodging: _____

Address: _____

Phone: _____

Will transportation be provided from hotel to event location (if applicable)? _____

If provided, company/contact name: _____

Phone: _____

Training/Speech location (if different from hotel):

Address: _____

Phone: _____

Location at event site

Where is the location of the meeting/conference room, etc:

Security check-in procedure or contact (if needed):

Contact details:

This form was completed by (print please): _____

Signature: _____

Title/Role: _____

Organization: _____

Phone: _____

Email: _____

Date: _____

Please send completed form to the attention of: **Starla Lewis**

Email: slewis@insightinstitute.com Fax: (816) 587-5119

If you have any questions please call: (800) 861-4769 ext. 704