

Pre-Event Questionnaire - Impact Leadership

Presenter: Mick Kling, OD

Email: dr.kling@invisioncare.com

Voice/Text: 619-379-2560

Event Information

Organization:	Event Manager:
----------------------	-----------------------

Event Date:	Time:	Duration:
--------------------	--------------	------------------

What is the conference/meeting theme?
Purpose?

If this event were perfect, what would be the outcomes? What would you like the audience to believe, feel and do after Mick's presentation?
--

What takes place immediately before the event?
After the event?

Who will be introducing Mick? (Name, title and email)
--

Are you planning to record the event? Audio _____ Video _____
If so, what will it be used for?

Attendee Information

Estimate number of attendees?

What are the 3 greatest challenges the audience is currently facing?

- 1.
- 2.
- 3.

Logistics

Contact person at the event:

Cell:

Email:

If there is an emergency while traveling, who should be contacted?

Name:

Cell:

Event Location:

Phone:

Event room:

Airport:

Distance from airport:

Audio/visual provided:

Hotel where Mick will be staying (if different from event location):

Confirmation # _____

Individual picking up and returning Mick to the airport (if required):

Company:

Name:

Phone:

Cell:

Driver to meet at:

___ Baggage claim

___ Curbside