



*Take Center Stage in Your Own Life*

## **Merci Miglino - Speaker – Trainer - Coach**

### **PRE-PROGRAM QUESTIONNAIRE**

It is my intention to give you the BEST presentation ever! I will share my passion and enthusiasm with your organization through my knowledge, insight & motivation!

Please help me to create a dynamic presentation by sharing information about your organization so that I may customize this presentation especially for you.

These questions are designed to help me to prepare a program specifically suited to the needs of your group. Please take a moment to answer all the questions fully and return the form to my office at your earliest convenience.

If there is anything else you feel that would help with background information on your corporation please forward it to me. Example: Newsletters, trade periodicals, marketing materials, etc.

### **THE PRESENTATION**

Conference, Title & Theme?

Specific purpose of meeting?

Specific objectives for my presentation?

Sensitive issues that should be avoided?

Outline of the 2 day program

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Are other speakers on the program? Yes \_\_\_\_ No \_\_\_\_

Speaker \_\_\_\_\_ Topic \_\_\_\_\_  
Speaker \_\_\_\_\_ Topic \_\_\_\_\_

What did you like and/or dislike about other speakers in the past?

Comment on the material and information they shared:

What comments or suggestions do you have that will help me make this presentation the best your audience has ever had?

**THE AUDIENCE**

Total Number attending? \_\_\_\_ partners attending? Yes \_\_\_\_ No \_\_\_\_

Percentage male/female \_\_\_\_\_ Average Age? \_\_\_\_\_

Average number of years they have been employed at the center: \_\_\_\_\_

Will there be any special guests attending? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain

Please provide the names of three main “Movers & Shakers” in your group that will be in the audience who are well known and well liked.

I may want to contact them before I plan my presentation for additional in-sight into your organization (with your permission of course).

1. Name:	Phone:	E Mail:
2. Name:	Phone:	E Mail:
3. Name:	Phone:	E Mail:

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DETAILS ABOUT YOUR AUDIENCE

Problems?  
Challenges?  
Breakthrough?

TELL ME ABOUT YOUR ORGANIZATION

What are the key problems and/or challenges in your organizations right now?

What keeps you up at night & drives you crazy during the day?

If I could have a magic wand and make any problems disappear, which one would it be?

How can I go the extra mile for you in this presentation? What information would make this really valuable for you?

Any additional information you would like me to know and share with the audience?

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