

Pre-Presentation Questionnaire – Dr. Dennis Rosen

Name of Organization: _____

Date/Location of Presentation _____/_____

Main Contact at Presentation (name, office phone, cell phone, email)

Kind of presentation(s) ____ Keynote, Time Period _____

____ Training, Time Period _____

____ Breakout, Time Period _____

Do you intend to record this presentation ____ Yes, ____ No (If “yes,” please check with Dennis concerning arrangements for permission.)

Is there a theme to the meeting? Explain _____

Describe the room set-up (seating, stage, equipment available – check with Dennis for his preferences if possible)

Describe the audience (male/female%, age range, positions/levels, industries)

Give three objectives for Dennis to meet in his presentation:

Are there any organization topics, issues or events Dennis should be aware of, address or avoid? Explain:

Dennis will be providing a written introduction. Who will introduce Dennis? (name, position)

Who is presenting immediately before and after Dennis (name, topic)

Before _____

After _____

Thank you. Dennis may contact you with additional questions to ensure his presentation meets your needs.