



AAAA SPEAKERS

"ACCESS, EQUITY AND DIVERSITY"

PRE-EVENT QUESTIONNAIRE

CLIENT:

EVENT DATE:

TALENT:

*We appreciate your time and cooperation in completing this form.
Please fax or e-mail the completed questionnaire to your Event Coordinator.*

FAX: (202) 355-1399

Email: aaaaspeakers@affirmativeaction.org

Telephone: (202) 349-9855

1. NAME OF EVENT SITE:

ADDRESS:

PHONE:

FAX:

2. SPEAKER'S CONTACT PRIOR TO MEETING:

NAME:

TITLE:

PHONE: (OFFICE)

CELLULAR PHONE (EMERGENCIES ONLY):

E-MAIL ADDRESS:

COMPANY WEBSITE:

3. TECHNICAL/AV CONTACT

NAME:

TITLE:

PHONE: (OFFICE)

CELLULAR PHONE (EMERGENCIES ONLY):

E-MAIL ADDRESS:

4. SPEAKER'S CONTACT AT MEETING SITE:

NAME:

TITLE:

PHONE: (OFFICE)

CELLULAR PHONE (EMERGENCIES ONLY):

ON-SITE PHONE:

ON-SITE ARRIVAL DATE:

5. ACCOMMODATIONS (if different from event site):

ADDRESS:

PHONE:

FAX:

HOTEL CONFIRMATION NUMBER:

CLOSEST AIRPORT TO ACCOMODATIONS/EVENT:

6. REGARDING GROUND TRANSPORTATION, WOULD YOU PREFER: (circle one)

- A. THE SPEAKER PROVIDE HIS/HER OWN TRANSPORTATION
- B. THE CLIENT ARRANGE FOR A CAR/DRIVER TO PICK HIM/HER UP
- C. OTHER: _____

7. SPECIFY THE EXACT TIMETABLE OF EVENTS THE SPEAKER NEEDS TO ATTEND. PLEASE BE AS SPECIFIC AS POSSIBLE. IF YOU HAVE A SEPARATE AGENDA, PLEASE SEND IT ALONG WITH THIS QUESTIONNAIRE. **IF A MEAL FUNCTION IS INVOLVED, PLEASE INCLUDE A LIST OF THE GUESTS WHO WILL BE SEATED WITH HIM/HER.**

Note: This should reflect the activities listed in your contract. A change or addition on this questionnaire DOES NOT constitute a change to the contract and must be requested and approved in writing by the speaker.

FUNCTION

TIME

ROOM NAME/LOCATION

Speaker Arrives:

AV Check:

Presentation:

8. SPEAKER'S ATTIRE: (circle one) Casual Business Casual Business Black Tie

9. AUDIENCE ATTIRE: (circle one) Casual Business Casual Business Black Tie

10. WHO WILL INTRODUCE THE SPEAKER?

11. HIS/HER TITLE:

12. NAME OF THE MEETING ROOM:

13. TYPE OF EVENT:

14. AUDIENCE DEMOGRAPHICS:

A. SIZE: B. MANAGERS: C. EEO/DIVERSITY/AA OFFICERS: D. OTHERS:

E. JOB TITLES/ DESCRIPTION OF ATTENDEES:

F. WILL GUESTS BE IN THE AUDIENCE? IF SO, HOW MANY?

15. WHO WAS THE SPEAKER FOR THIS MEETING LAST YEAR?

16. WHO ELSE IS SPEAKING AT THE SESSION/ EVENT?

17. IS THERE A THEME/TITLE FOR THIS MEETING?

18. HOW DOES OUR SPEAKER FIT INTO THIS THEME?

19. PLEASE PROVIDE A BRIEF DESCRIPTION/ PROFILE OF YOUR ORGANIZATION:

20. WHAT REGION(S) DOES YOUR ORGANIZATION SERVE?

21. WHAT INFORMATION WOULD YOU LIKE THE AUDIENCE TO TAKE WITH THEM?

22. WHOM SHOULD WE CONTACT FOR BILLING PURPOSES?

NAME: _____

TITLE: _____

PHONE: _____

AAAA SPEAKERS
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