



**David McLaren**  
***Diversity Specialist***

[www.davidmclaren.com](http://www.davidmclaren.com)  
604 897 4224

[david@davidmclaren.com](mailto:david@davidmclaren.com)  
toll free 1 888 897 4224

Leverage diversity to increase influence & sustainable outcomes

---

**Pre-Program Questionnaire**

It is important that our speaker David McLaren receive as much information as possible prior to your meeting to aid in their speech preparation. Please complete this form and return it to our office as soon as possible.

Please answer as fully as possible.

ORGANIZATION: \_\_\_\_\_

APPEARANCE DATE: \_\_\_\_\_

Please email us at  
[david@davidmclaren.com](mailto:david@davidmclaren.com)

No later than: \_\_\_\_\_

THANK YOU! Your help will increase the value of our program to the audience.

**Keynotes, Seminars & Consulting**

Leverage diversity to increase influence and sustainable outcomes

---

[www.davidmclaren.com](http://www.davidmclaren.com) | [david@davidmclaren.com](mailto:david@davidmclaren.com) | local: 604.897.4224 | toll free: 1.888.897.4224

1. What is the conference theme?

---

---

2. What are the specific goals for this meeting?

---

---

3. What are the specific objectives for this presentation?

---

---

4. What is the time for my presentation?

Start \_\_\_\_\_ End \_\_\_\_\_

5. If I could wave a magic wand and help your group does one thing better in your business, what would it be?

---

---

6. Is there good news/bad news about your organization that I should/should not include in the presentation?

---

---

7. Will the session be audio taped? Video taped? Who should I contact to obtain a master copy of the tape?

---

---

8. What takes place immediately before and after my presentation?

Before \_\_\_\_\_ After \_\_\_\_\_

9. What is the name and title of my introducer?

\_\_\_\_\_

10. List the names and titles of the three top people in your organization who will be attending the meeting?

1. Name \_\_\_\_\_ Title \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

11. Audience demographics

Number attending: \_\_\_\_\_

Percentage of men: \_\_\_\_\_ women: \_\_\_\_\_

Number of those attending who have been with the organization  
(approx.) 0 - 5 years \_\_\_\_\_ 5-10 \_\_\_\_\_ 10-20 \_\_\_\_\_ 20+ years  
\_\_\_\_\_

12. What are the major job responsibilities and positions of those in the audience?

---

---

13. How has business been in the last twelve months?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

14. What are the major challenges or problems facing your organization?

---

---

15. Will there be any opportunity or location available after the program for product to be available for purchase? This opportunity will be tastefully and professionally handled?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. What is the meeting room set up?

Theater \_\_\_\_\_ Banquet \_\_\_\_\_

17. Logistics

Meeting Location: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Closest airport \_\_\_\_\_

18. Please make any other comment you feel will enhance the presentation Thank you for your help. We look forward to this meeting with great enthusiasm.

---

---

---

