



to help ensure a successful presentation, please complete this questionnaire and fax the completed form to 217 . 342 . 3299

Pre-Event Questionnaire

Dates of Boot Camp

Organization

Number of Confirmed Attendees

Seating Arrangement

% Male / Female Attendees

Meeting Attire

Meeting Contact Name / Title

Address

City / State / Zip

Work Phone

Cell Phone

Fax

Email

Meeting Site / Accomodations

Event Location

Location Address

Hotel Room Reserved for Facilitator

Hotel Name

Hotel Address

Hotel Phone

Reservation Date

Confirmation #

Nearest Airport/ Distance from conference site

Transportation to pick facilitator up at airport

If there are any additional details that we must be aware of please describe

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