CHAOS TO CLARITY: PRESENTATION PROFILE FORM

Primary contact name:_____ Company/Organization: _____

Primary contact phone (office and cell): _____ Primary contact email: _____

Onsite event contact name and cell phone number (or same as above?):_____

Company mailing address: _____

How did you hear about "Chaos to Clarity"?_____

Which format are you interested in (check appropriate box):
- ❑ 1-Hour Webinar
- ❑ 1 to 1.5.-Hour Onsite Breakfast or Lunch-n-Learn
- ❑ Half-Day Onsite Presentation

Please list your preferred days and times (Min. 2 dates and Max. 5):_____

_____

How many people do you anticipate attending? (Please provide a minimum/maximum number) _____

Please describe the audience. What do they do? What are some of their titles? What are their challenges?

_____

_____

Why is this session important to your organization and/or those that will be participating?_____

_____

What do you want to learn/take away from this session?_____

Is this presentation part of a larger staff training initiative and/or strategic planning session for your organization?
If so, would extra customization of this presentation be required? _____

_____

Do you plan to film or photograph the event?_____

For a breakfast or lunch seminar, will participants eat before, during or after the presentation?_____

Please provide event location/address (room name or number if applicable):_____

_____

Please provide special directions or parking instructions and/or building access information if applicable:

_____

Please describe the room set-up (conference room, boardroom, classroom, auditorium, etc.?)

_____

Will the room have the following A/V requirements (check all that apply):
- ❑ Internet access
- ❑ Area for presenter's laptop and materials such as lectern or table
- ❑ A proxima and screen
- ❑ Video adapter for a Mac computer
- ❑ Wireless microphone or other type of microphone

Any additional comments:_____

_____