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PRE-PROGRAM SPEAKER REQUEST QUESTIONNAIRE

This questionnaire is designed to help me prepare a program that will meet the needs of your group. Please fax the completed form to my office. Thank you for your interests.

NAME OF YOUR GROUP/ORGANIZATION: _____

PROGRAM/TITLE OF EVENT: _____

DATE (S) OF EVENT: _____ TIME: _____

PRIMARY TOPIC YOU WOULD LIKE ADDRESSED: _____

OTHER CONCERNS OR TOPICS YOUR GROUP MAY WANT ADDRESSED: _____

LOCATION OF EVENT: _____

AMOUNT OF TIME ALLOTTED FOR MY PRESENTATION: _____

TYPE OF ROOM: _____ TYPE OF LIGHTING: _____

TYPE OF SEATING: Round Tables Chairs & Desks Theater Style Chairs Other

EQUIPMENT AVAILABLE: LCD Projector Overhead Projector Slide Projector Other

APPROXIMATE AMOUNT OF PEOPLE EXPECTED TO BE IN THE AUDIENCE: _____

CHARACTERISTICS OF YOUR AVERAGE MEMBER: AGE _____ GENDER _____

DESCRIBE OTHER MEMBERS OF THE AUDIENCE WHO DO NOT FIT THE DESCRIPTION OF THE AVERAGE MEMBER: _____

OTHER ITEMS OF INTEREST ABOUT YOUR GROUP I SHOULD KNOW PRIOR TO ADDRESSING THEM: _____

BUDGET AVAILABLE TO PAY FOR A SPEAKER: _____

Members may fax or email me any concerns they would like addressed, with all questions treated as confidential, unless stated otherwise. Thank you for this opportunity. I look forward to speaking to your group.