



INCREDIBLE ONE ENTERPRISES

PRE-PROGRAM QUESTIONNAIRE

At least 30 days prior to the event, please complete and return to:

Incredible One Enterprises, LLC
560 Peoples Plaza #255 Newark, DE 19702
Email: info@incredibleoneenterprises.com
Office and Fax: 1.888.801.5794

THE PROGRAM:

| | |
|----------------------|-----------------|
| Contact Person: | Title: |
| Phone #: | Event Date: |
| Organization/Church: | Event Location: |

What would you like Darnyelle to do: Keynote, Seminar, Retreat, Panel Expert, Panel Moderator, Mistress of Ceremonies (circle one) other: _____

What is the theme of the program?

What is the purpose of the event? (awards night, annual meeting, top performers luncheon, women's day, prayer breakfast, etc.)

Do you have specific goals and objectives for the presentation? If yes, what are they?

As Darnyelle talks/presents, are there certain issues that are considered sensitive that she should avoid?

Please complete the following pertinent information regarding the presentation:

| | |
|--|-----------------------------|
| Introducer/MC Name: | Title: |
| Timeframe for the presentation: | Start End |
| Are there any scheduled breaks or intermissions? | Yes: No: What time? |

Please tell me what happens just before and right after Darnyelle's presentation? (is there another speaker a meal, break, etc.?)

Before: _____

After: _____

Are there other people on the program who are presenting?

Name/Title: _____ Topic: _____

Name/Title: _____ Topic: _____

Please tell me the other professional speakers that your organization has used in the past and the topics that they covered.

Name/Title: _____ Topic: _____

Name/Title: _____ Topic: _____

Will the event accommodate a speaker's product table? _____

Please share comments from the organization on their performance. Please include likes/dislikes without names.

What can Darnyelle do to make this program the best one ever?

AUDIENCE

| | |
|-------------------------|------------------------|
| Number Attending: | Average Age: |
| Percentage of males: | Percentage of females: |
| Educational background: | Age Ranges: |

Do the participants have any responsibilities throughout the presentation (should they be taking notes etc.)

GENERAL INFORMATION:

What are some current problems, concerns, challenges, triumphs experienced by your industry or organization participants?

Industry Problems/Concerns:

Industry Challenges:

Industry Triumphs:

Organization Problems/Concerns:

Organization Challenges:

Organization Triumphs:

People Problems/Concerns:

People Challenges:

People Triumphs:

Is there anything else I should know about the participants?

What are the most significant events that have occurred in your industry, organization or amongst your people in the past year? (down-sizing, mergers, relocations etc)

Thank you!!!

Upon completion, please fax this form to 888.801.5794 so that we can prepare to make your event an Incredible One[®]