



## Pre-Program Questionnaire

This questionnaire is designed to capture all necessary information to ensure Dr. G V Rao's presentations are tailored to meet the specific needs of the audience and the objectives of the event. It helps in planning and executing a successful engagement, enhancing the overall impact of his contribution.

DATE

 /  / 

### I. PROGRAM SPONSOR DETAILS

|                                       |                      |
|---------------------------------------|----------------------|
| Full Name:                            | <input type="text"/> |
| Title: Mr. / Ms. / Mrs. / Dr. / Other | <input type="text"/> |
| Best Time to Call:                    | <input type="text"/> |
| Email:                                | <input type="text"/> |
| Nationality:                          | <input type="text"/> |
| Title/Rank:                           | <input type="text"/> |
| Address:                              | <input type="text"/> |
| Department:                           | <input type="text"/> |
| City:                                 | <input type="text"/> |
| Organization:                         | <input type="text"/> |
| State/Province:                       | <input type="text"/> |
| Phone Number:                         | <input type="text"/> |
| Post Code:                            | <input type="text"/> |
| Organization's Website:               | <input type="text"/> |
| Country:                              | <input type="text"/> |

### II. THE PROGRAM

Selected Topic or Undecided?

Do you have a program theme? Yes / No

If yes, please specify the theme:

Purpose of the Event (e.g., annual meeting, training session):

Attendee Demographics (age, gender, industry background):

Desired Outcome of the Meeting:

Key Challenges Facing the Group:

Recent Significant Changes within the Group:

Sensitive Issues to Consider:

Previous Speakers and Feedback:

Additional Information about the Group/Event:

what are the burning areas?

What is the native language of the audience?



# GV RAO

## III. DATE/TIME

Event Location:

Date of the event:   /   /

Person Introducing Dr. Rao:

Speakers Before and After Dr. Rao:

Role of Dr. Rao: Opening Speaker / Closing Speaker / Other

## IV. THE VENUE

Venue Name:

Address:

City:  State:

Zip Code:  Type of Facility:

Venue Contact Person:

Contact Details (Phone, Email):

Meeting Room Name/Number:

Room Setup:

Table & Seating style:  Theater  U-Shape  Banquet  Boardroom  Classroom  Cabaret

Expected Audience Size:

Age Range of Attendees:

Will Spouses Attend? Yes / No

Expected Attire for the Event:

Job Titles of Attendees:

Are there any scheduled breaks during the day or session?

What stationery items will be provided to the audience, such as pens and notepads?

**Please accommodate Dr. G V Rao's branding and banners at the event venue to enhance the visibility and impact of his session. Thank you for ensuring these arrangements.**



## V. ACCOMMODATION AND TRAVEL

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Accommodation Details for Dr. Rao:

Date of the checkin:   /   /   Date of the checkout:   /   /

Nearest Airport:

Airport Pickup Arrangements:

## VI. CRISIS PREVENTION

Emergency Contact Person:

Emergency Contact Numbers (Primary, Cell, Alternate):