

QUESTIONNAIRE



Sponsor/ Pre-Event Contact

Contact Name _____
Organization Name _____
Position with Organization _____
Office Phone # _____
Office Fax _____
Cell Phone # or alternative after hour # (emergency only) _____

Emergency Contact (If must be reached after hours and within 2-12 hours of event)

Contact Name _____
Contact Cell Phone _____
Additional Contact _____
AV Set up information _____
Type of Venue (Select one) Hotel Gymnasium Auditorium Arena Other
Do you have a sound system? Yes No
If yes, please describe (Headset Microphone, Lapel Microphone, Number of channels on mixer, Number of cordless microphones etc.)

Event Schedule

Date of event(s) _____
Time of event(s) _____
Setup time _____
Time event(s) starts _____
Time event(s) concludes _____
Time speaker(s) presents _____
Time allotment for speaker(s) _____
Presentation _____
Brief description of program - Before and after speaker _____

How did you hear about Ole Pete Key Inc.? _____

Additional comments: _____

