



Dr Helena Popovic



PRESENTATION BRIEF

Thank you for completing this questionnaire and returning by:

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|--|
| Client Name: |
| Event Date: |
| Event Venue: |
| Contact Name: |
| Email Address: |
| Office Address: |
| Landline And Mobile: |
| Dress code: 1. Business <input type="checkbox"/> 2. Casual <input type="checkbox"/> 3. Black tie/ Formal <input type="checkbox"/> |

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|--|
| Program Details |
| 1. Event Title: |
| 2. Program Theme: |
| 3. Title of Helena's presentation: |
| 4. Your organisation's core values: |
| 5. Major objectives of this event/meeting: |
| I) |
| II) |
| III) |



Dr Helena Popovic



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| 6. Specific objectives for Helena's session: |
| I) |
| II) |
| III) |
| 7. Why did you choose Dr Helena Popovic for your event? |
| 8. What other speakers have you used before? |
| I) |
| II) |
| III) |
| 9. Who is the best speaker you've heard to date at any event? |
| What made this speaker so memorable for you? |
| 10. Who else is speaking at this event? |
| I) |
| II) |
| III) |
| 11. What time does the day begin and end? |
| 12. What time is Helena's presentation? |
| 13. How long is Helena's presentation? |
| 14. What takes place immediately before Helena's presentation? |



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15. What takes place immediately after Helena's presentation?

| Audience | | |
|---|------|--------|
| 1. Size of Audience: | %Men | %Women |
| 2. Average Age: | | |
| 3. What percentage of attendees would engage in physical exercise on a regular basis? | | |
| 4. How would you regard the overall health of attendees? | | |
| 5. How much of a concern is stress in the workplace? | | |
| 6. What are the current major challenges or issues experienced by your industry? | | |



Dr Helena Popovic



| Dr Helena Popovic's contact prior to arrival and during the event | |
|--|-------|
| 1. Name and title: | |
| 2. Phone (BH): | (AH): |
| 3. Mobile: | |
| 4. What time/date will contact arrive on site? | |
| 5. What hotel will contact stay at for event? | |
| 6. Secondary contact in case of emergency | |
| I) Name and title: | |
| II) Mobile: | |
| 7. Name and title of emcee: | |

| Logistics |
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| 1. Have you received Helena's technical requirements? |
| 2. Are there any concerns about the technical requirements? If yes, please specify: |
| 3. Who is in charge of providing audio/visual and room-set up requirements? I) Name and title: II) Mobile: |
| 4. What time is sound check? |
| 5. Is there anything further that your organization requires from Dr Helena Popovic at this time? |