

Presentation Questionnaire

Fill in this entire form and print it out to submit via fax or postal mail.

Today's Date _____ How did you hear about us? _____

Contact Name _____ Title _____

Organization _____ Department _____

Telephone _____ Fax _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Date of Presentation _____ Time _____ Audience Size _____

Title of Presentation Requested. Select all that apply:

- Safety First
- Serious Fun
- Keep them Moving & Make them Sweat
- Easy Enthusiasm
- Have Fun Being In Charge Managers Teachers
- Motivation Through Measurable Success
- Magic Feathers & Pixie Dust
- Coaching Fundamentals
- Other _____

Presentation Location:

Who is the Audience? _____

What is the event? _____

State Three Specific Objectives for the Presentation.

1 _____

2 _____

3 _____

Any Sensitive Issues that Should be Avoided?

What Three Things Should be Known about the Group before Addressing them?

1 _____

2 _____

3 _____



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