

Client Information Form

Thank you for the opportunity to partner with you on your event. Your responses will help me customize my materials for your specific needs. Please fill out and return this form by clicking submit button below or emailing it to crystal@crystalwashington.com.

Please tell me about	you and your ever	nt.	
Contact Name		Contact Title	
What is your role in pla	inning this event?		
Business Phone		Mobile	
Company/ Association			
Conference			
Conference Date		City, State, Venue	
What is the purpose of	your event?		
How many years has th	nis event been held?		
What time would you li	ke Crystal to speak?	Start Time	End Time
Type of presentation			
Keynote	Breakout	Workshop/Training	Webinar
Speaking Topic Reques	t		
Speaker Budget			

Please tell me about	your event attendees.				
Approximate Number Attending		%Males	% Females		
Average Attendee Age					
Education Level					
Position Senior Level	Middle Management	Staff	Entrepreneur		
Job titles of attendees					
Other Pertinent Demogr	aphic Information				
Please tell me about your goals & expectations.					
What 2-3 things do you want each attendee to walk away with after Crystal's presentation?					
What is the biggest pain point for your attendees?					
What are your audience	members really good at	2			
what are your addience	Theribers really good at	i			

Is your organization rolling out any initiatives that tie into my presentation topic?
Is there any topic that should be avoided in Crystal's presentation?
What other speakers will be presenting?
What have attendees not liked about past presentations?
Is your organization rolling out any initiatives that tie into Crystal's presentation topic?