

**Speaker Questionnaire**

**Trina Claiborne**

**Client Name:** \_\_\_\_\_

**Client Phone:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

Please fax this questionnaire to Trina at: 678-828-5865 prior to the speaker consultation date already scheduled or submit with your request to schedule the consultation.

1. Does your facility defy the Freedom of Speech rights by banning the words "Jesus Christ"? \_\_\_\_\_  
If yes, please disregard questions 2 – 10 and cancel the speaker consultation by calling 706-383-7222 or send by email to [BodyTransformationsByTrina@gmail.com](mailto:BodyTransformationsByTrina@gmail.com)

2. Please explain any other facility restrictions: \_\_\_\_\_  
\_\_\_\_\_

3. Explain the outcome you desire as a result of the presentation: \_\_\_\_\_  
\_\_\_\_\_

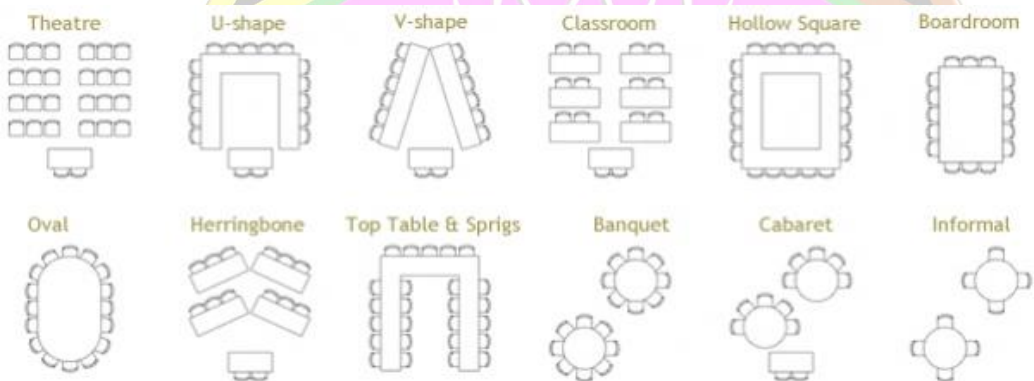
4. What is the audience's attitude towards fitness? \_\_\_\_\_  
\_\_\_\_\_

5. What age range is the majority of the attendees? \_\_\_\_\_

6. What percentages of the audience will be male vs. female? \_\_\_\_\_

7. Approximately how many will attend the event? \_\_\_\_\_

8. Which seating arrangement will be available during the event? (Circle one)



9. Will I have access to A. V. Equipment? \_\_\_\_\_; Access to the Internet? \_\_\_\_\_; Microphone? \_\_\_\_\_

10. Is the facility equipped with video and/or audio recording? \_\_\_\_\_. If yes, please answer a – c below:

a. Is this service available for this event? \_\_\_\_\_.

b. Does this service require a contract? \_\_\_\_\_. If yes, please fax a copy to: 678-828-5865

c. What is the cost? \_\_\_\_\_.