Generation Works Pre-Program Questionnaire

It is very important that we receive as much information as possible about your event so we are aware of logistics and to assist us in customizing our presentation(s). Please complete this form and return it to us as soon as possible, but no later than 30 days prior to your event. If you have any questions, please call Barb Johnson at 716-874-0999.

Please send this information to
Generation Works, 129 Dorchester Road, Buffalo, N.Y. 14213
or fax to 1-866-390-6131.

Organization: ____________________________________________

Address: ________________________________________________

Meeting Date (s): ________________________________________

Event Name: ____________________________________________

Event to be held at: _______________________________________

Address: ________________________________________________

Phone Number: ___________________________ Fax:___________________________

Speakers' room name/number at venue: _______________________________________

If hotel accommodations are different from event venue, please indicate below:

Name_______________________________________________________________________

Address ___________________________________________________________________

Phone_____________________________________Fax____________________________________
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Who should make hotel room reservations? Generation Works_______ You_______

Is there a theme for this meeting?____________________________________________________

What is the main objective for the meeting?____________________________________________

What is the time frame for the Generation Works presentation? Please be specific:
From _______ to _______ Do you want to include time for Q&A? Yes____ No ___

Is there an event you would like Barb to attend before or after the presentation?
________________________________________________________________________________

What company executives are speaking before Barb?
________________________________________________________________________________

Do you have our audiovisual specifications? ______If no, please give us your fax number or
e-mail address and we will forward them immediately:
_________________________________________________________________________________

Anticipated room set-up: Rounds______ Classroom_____ Theater_____

Who will handle the introduction (name, title and phone):
_________________________________________________________________________________
_________________________________________________________________________________

If this a keynote: do you want a handout for your audience? If so, enter your e-mail address here
and we will e-mail an original for copying_____________________________________________

Audience demographics: (a) Size ________ (b) Men _________  (c) Women ________
(d) Ages: ___________ (e) Spouses? ________________ (f) general description
of attendees: ________________________________________________________________.
______________________________________________________________________________.
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Appropriate attire for the audience: casual___business casual___ business___ formal____

Will Barb’s presentation be audio or videotaped? __________________________________________

How did you hear about Generation Works?

____________________________________________________________________________________

Is there any jargon Barb should be aware of?

___________________________________________________________________________________

Will alcohol be served before or during this event?

____________________________________________________________________________________

Who is your typical customer?

___________________________________________________________________________________

What are your target markets or industries?

___________________________________________________________________________________

Generation Works contact prior to the meeting:

Name __________________________________________

Title __________________________________________

Office Phone _______________________ E-mail address:________________________

Fax Number________________________ Cell Phone _____________________________

Best time to reach __________________________________________________________

Contact at event if different from above:

Name __________________________________________

Title __________________________________________

Phone _______________________________ Fax __________________________________

Email ________________________________ Cell Phone ___________________________
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What date/time will contact arrive on site? ________________________________
Where/how can contact be reached on site? ________________________________
Other comments:

Date form completed ____________ Completed by ________________________________

The following is a list of various materials you may have. We would appreciate receiving any of these items. This information aids us greatly in customizing your program.

___ Newsletter(s)
___ Brochures/corporate reports, sales materials
___ Training videos/audio tapes
___ Recruitment materials
___ Marketing materials
___ TV commercials
___ Print ads
___ Workforce surveys
___ Event program and pre-event materials
___ Web sites for us to visit:
  ________________________________________________________________________
  ________________________________________________________________________
  ________________________________________________________________________

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Please list several people we might interview prior to our presentation, i.e., peak performers, managers or human resource people who have to deal with personnel issues, etc.

Name:__________________________________________________________________________________
Phone: _________________________________________________________________________________

Name:__________________________________________________________________________________
Phone: _________________________________________________________________________________

Name:__________________________________________________________________________________
Phone: _________________________________________________________________________________

Name:__________________________________________________________________________________
Phone: _________________________________________________________________________________

Name:__________________________________________________________________________________
Phone: _________________________________________________________________________________

Thank you for your time and attention—we appreciate it!

(Please distribute the next page to several people within your organization to give us a cross sectional view of generational issues your organization might be facing.)
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Generation Works, soon to speak at your organization, would like your input on generational issues in your workplace. Please complete these brief questions & e-mail to Generation Works bjohnson@generationworks.com or Fax 1-866-390-6131. Thank you.

1. How does your organization struggle most with generational issues?
   ____________________________________________.
   ____________________________________________.
   ____________________________________________.

2. How have you measured/surveyed to learn about these issues?
   ____________________________________________.
   ____________________________________________.
   ____________________________________________.

3. What have you done to respond to your generational issues?
   ____________________________________________.
   ____________________________________________.
   ____________________________________________.

4. How can Generation Works help you the most with this?
   ____________________________________________.
   ____________________________________________.
   ____________________________________________.

5. What three things would you like your audience to take away with them?
   ____________________________________________.
   ____________________________________________.
   ____________________________________________.

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