



Jill Esplin's Pre-Program Questionnaire

Thank you for taking the time to fill out this questionnaire. Your answers will help Jill provide you with the best program possible! Please complete and mail or fax to Leading For Life.

Organization: _____ Program Date: _____

Program Theme: _____ Jill's Presenting Time(s): _____

Contact Name: _____ Contact Phone: _____

Program Location: _____

Audience Demographic (ages, background, etc.):

Website of organization (any info to help Jill understand your organization better, feel free to send brochures or newsletters):

What comes before and/or after Jill's program?

Outcomes or goals you hope for Jill to achieve:

Other speakers that are on your program:

Any other information that you think will help Jill prepare and be as effective as possible?

*** Please send conference program or school schedule when available ***