

Suzanne Boswell Presentations HEALTHCARE - NEEDS ANALYSIS

Please print out this form, complete blanks, then fax or mail to the address at the end of the form.
Your responses are very important in ensuring that the presentation is effective for your group. What you say will influence the content and the approach taken in the program. Thank you for taking the time to complete this form!

GROUP NAME _____

CONTACT PERSON: _____

ORGANIZATION PROFILE

1. Approximate attendance: _____ Approx ratio: Doctors: _____% Nurses: _____% Staff: _____%
2. What should be known about group makeup? (age/race/ethnic/nationality)
-
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3. What is the general geographic area from which attendees will come to the meeting (any out of state attendees?) _____

4. Are there any foreign languages dominant in the group? No Yes: _____

5. How knowledgeable are they about the topic to be presented:
 Extremely A lot Somewhat A little Not at all

6. How competitive is the healthcare marketplace?
 Highly competitive A good balance Underserved

7. List the 3 most important things Suzanne needs to know about your group:

- a. _____
b. _____
c. _____

8. Were there any significant changes in your group in the past year? No
 Yes: _____

MEETING GOALS / PROFESSIONAL CONCERNS

9. Do you have a theme for this meeting? No Yes : _____

10. What are the 3 hottest topics currently being discussed by the group?
a. _____
b. _____
c. _____

11. What is the major goal that YOU have for the group?

12. What is the major goal that you have for THIS PRESENTATION?

13. What is the one key message you want the group to retain after the meeting?

14. What is the biggest challenge Suzanne will face in presenting this topic to the group?

15. Are there any taboo topics Suzanne should be aware of? No Yes: _____

LOGISTICS and APPROACH TO THE MEETING

16. Will there be any "mini-presentations" by others during the meeting? No Yes: _____

17. If this is a full day meeting, what are lunch arrangements for the group?
Group lunch in the meeting room Group lunch in a separate room Lunch on their own

18. What other speakers have presented for this group in the past? _____

19. What did you specifically LIKE about past programs? This will give insight as to what works well for your group. Please comment only on work - do not relate to specific speakers.

20. What did you specifically DISLIKE about past programs? This will give insight as to what works well for your group. Please comment only on work - do not relate to specific speakers.

21. Have you seen Suzanne speak before? No Yes: Where? _____

22. If you've seen Suzanne speak, is there anything in particular that you DO or DON'T want her to do during the presentation?

23. What prompted you to hire Suzanne? _____

24. What else does Suzanne need to know to present the best program for your group? _____

ROOM SETUP AND AUDIOVISUAL

Please ensure that the facility and A/V supplier have this: www.suzanneboswell.com/A_V_ROOM.pdf

IMPORTANT PROJECTOR INFORMATION

Most projectors used in small group meetings are not powerful enough for use in a larger room with a larger audience. If you are considering using your own projector, please check that it is NO LESS THAN 3000 lumens and that you have an extra long VGA cable. Otherwise, please have an A/V supplier provide these items. **If you are unsure about your projector, let us know the brand + model number and we will determine its effectiveness for the size of the group.** _____ A/V supplier will provide projector _____ We will bring a projector of MINIMUM 3000 LUMENS

Completed by: _____

Date: _____

Thank you for taking the time to complete this form.

Please fax this to Suzanne Boswell at: 1-919-845-4188

Or send by USPS to: Suzanne Boswell, 12108 Amoretto Way, Raleigh, NC 27613