



The Etiquette Professionals

Set agenda!

Establish goals!

Achieve success!

Client Questionnaire: Complete the questionnaire below so that we may offer you a program that best meets the needs and requirements of your business.

YOUR BUSINESS

Company/Business name: _____

Company Address: _____

Address line 2: _____

Address line 3: _____

City: _____

State: _____

Zip: _____

Company telephone: _____

Company e-mail address: _____

CONTACT INFORMATION

Contact person name: _____

Contact person title: _____

Contact person telephone: _____

Contact person e-mail: _____

YOUR PROGRAM

Program date and time: _____

Tell us about your program.
What are your specific goals
and objectives?

How many attendees? _____
Will there be other speakers? _____

About our presentation:
(Choose a program that fits
your company need)

- Business Essentials-Business protocol/etiquette program
- International Protocol-Business/Cultural sensitivity program
- Acing the Interview- Job interview preparedness
- First Impressions –Social etiquette/deportment program
- Dining with Confidence- Dining skills interactive program
- Workplace Business Essentials-Workplace protocol/etiquette

Will you allow time for questions? _____

Will you have other guest speakers? _____

Will your group include employees or general public? _____

Important and helpful information about your company that the speaker should know prior to the presentation: _____

Will your group require take home pamphlets? _____

Other helpful comments: _____

The above questionnaire is designed to collect useful information used to provide a training program for your business. This information will not be shared with or sold to any outside organizations.

Contact Us:

Please mail the completed pre-presentation client questionnaire to:

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