

Date: _____

HOST QUESTIONNAIRE

Host institution, department, association, or organization: _____

Contact person's name, phone, and email: _____

Date, time, and place of presentation to be scheduled: _____

Please describe the workshop you desire, its context, and any special considerations regarding content:

Please describe the setting and type of seating where the presentation will take place.

Please describe the people who will be attending the presentation.

Will there be water, beverage service, refreshments, or a reception?

Please check any equipment in the following list that could be provided in the setting, if needed or desired, and that could be set up in advance.

- Projection screen
- PowerPoint projector
- Laptop computer
- Internet connection
- Overhead projector
- Laser pointer
- Carousel slide projector
- Podium
- Lapel microphone
- Stationary microphone
- Cordless microphone
- Speakers/amplifier
- Worktables and chairs
- Chalkboard and chalk
- Easel, pad, and markers
- Television monitor, VCR, and remote
- Paper or pads and pencils or pens
- Other: _____

Please fill out and fax the Host Questionnaire to 866-640-1412, or mail it to:
Mary Ellen Lepionka
17 Hammond St.
Gloucester, MA 01930

