

Pre-Event Questionnaire for Dr. Kristen Nelson

1) Title, theme and general description of event (Date, time, length of presentation, size of audience and attire): _____

2) Primary contact person (Name, title, mobile phone number and e-mail): _____

3) Meeting facility (Name, room name and address): _____

4) Goal of presentation: _____

5) Special message for Kris (Message from leadership, topics to avoid, challenges to the organization, ideas to highlight or attendees deserving special recognition): _____

Please return to: drnelson@veterinarycreative.com or (480)287-8490 fax. Thank you!