

LEON VALLEY AREA CHAMBER OF COMMERCE

P.O. BOX 380193
LEON VALLEY, TX 78268
WWW.LEONVALLEYAREACHAMBER.ORG

DATE:

Name of Organization or Business
Address
City/State/Zip

SUBJECT: LEON VALLEY AREA CHAMBER OF COMMERCE SPEAKER SURVEY

Thank you for your interest in speaking to the Leon Valley Area Chamber of Commerce. Our goal is to bring local resources of expertise directly to our members. Our members want to learn business insight and/or strategies that focus on small to medium size business needs.

We have approximately 60 members and meet at our monthly business networking luncheon. We would like to find out more about what you may offer the members in your presentation. If you are selected by our Board of Directors to provide a presentation to our members, we will put your contact information on our website and newsletter (if applicable).

Please complete the survey below and e-mail to Joe Maldonado @solmediagroups.com

or fax to: (210) 256-2047

Please place an "X" by the month you are interested in speaking to our group.

	Date		Date
	January 2015		February 2015
	March 2015		April 2015
	May 2015		June 2015
	July 2015		August 2015
	September 2015		October 2015
	November 2015		December 2015

PLEASE PRINT

Name: _____ Phone: _____

Organization _____

Address: _____

City/State/Zip: _____

Email: _____

Website: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. What is the topic and objective(s) of the presentation?
2. Is your presentation promotional (to benefit your business), informational (to benefit members) or both?
3. If our chamber members were to implement the information shared in this presentation, how would it benefit them?
4. What other forums have you presented this material and when was it last presented?
5. Please tell us little information about yourself:
 - A. Details of your educational background and/or certifications:
 - B. Details of your business background:
 - C. Details regarding your experience in the business sector:
6. Please list two speaking engagement references:

Name: _____ Phone: _____

Organization: _____

Address: _____

City/State/Zip: _____

Email: _____

Last date presented to them _____

Relationship this reference: _____

2.) Name: _____ Phone: _____

Organization: _____

Address: _____

City/State/Zip: _____

Email: _____

Last date presented to them _____

Relationship this reference: _____

7. Are you currently a Leon Valley Area Chamber of Commerce Member?

8. Would you consider sponsoring all or part of the cost of our meeting? If so, how much would you be willing to contribute? (This question not applicable for non-profit organizations or individuals)

9. Will you be able to provide your own audio/video equipment?

10. Will you need us to provide any audio/video equipment? If so, please list:

11. If you are chosen to be our speaker, please write a brief persuasive reason our Chamber members would be attracted to your presentation. (We may use this description on our website or in communication to our members.)

12. Please provide a summary of your presentation below so that it may be added to our website or email communication after our meeting.

Signed: _____ Title: _____ Date: _____

Thank you for the offering to educate the business community of the Leon Valley area. Should you have any questions, please contact Rose Ryan at: (210) 521-2007, Ext 2.

Sincerely,

Program Chair
Leon Valley Area Chamber of Commerce

For Chamber office use only:

Accepted by: _____

Title: _____

Meeting date approved for: _____

Call Back to speaker to confirm of date for speaking engagement: _____

Audio/Visual Requirements Confirmed:

- Laptop Required
- Projector Required

