

# PARTICIPANT PRE-WORK

## A PROCESS FOR HELPING US MAKE THIS WORKSHOP SUCCESSFUL

In order for us to more effectively plan for the upcoming WWT session, would you please fill out the information below and FAX or email it back to us as quickly as possible. Please note that the information is not cleverly devised to uncover some deep personality traits, or to create some all encompassing profile, it=s simply a way for us to know a little more about our audience and serve you better. Feel free to add thoughts on this sheet. Thanks for your help.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_ Phone \_\_\_\_\_

**A. Organizational Experience** C Please check all that apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Equipment/Machine Operator | <input type="checkbox"/> Maintenance Technician  | <input type="checkbox"/> Electrical Technician |
| <input type="checkbox"/> Front Line Supervision     | <input type="checkbox"/> Middle Management       | <input type="checkbox"/> Engineering           |
| <input type="checkbox"/> Senior Management          | <input type="checkbox"/> Team Member             | <input type="checkbox"/> Finance/accounting    |
| <input type="checkbox"/> Staff Support              | <input type="checkbox"/> HR/Safety/Environmental | <input type="checkbox"/> Business Owner        |

**B. Educational and Training Background** C Please check all that apply

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> High School     | <input type="checkbox"/> Associate Deg. ....              | <input type="checkbox"/> Bachelor=s.....                |
| <input type="checkbox"/> Master=s .....  | <input type="checkbox"/> PHD .....                        | <input type="checkbox"/> Supervision/Mgmt Training      |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Meeting Effectiveness            | <input type="checkbox"/> Giving Effective Presentations |
| <input type="checkbox"/> Team Building   | <input type="checkbox"/> Facilitation/Instructor Training | <input type="checkbox"/> Conflict Resolution            |

**C. Work Styles** C Please check all that apply

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Early Morning Person | <input type="checkbox"/> Afternoon/evening person | <input type="checkbox"/> Steady C Even C Methodical |
| <input type="checkbox"/> Spontaneous          | <input type="checkbox"/> Fun loving               | <input type="checkbox"/> Do it right the first time |
| <input type="checkbox"/> Cautious             | <input type="checkbox"/> Courageous               | <input type="checkbox"/> Timely C on schedule       |

D. What do you do for Fun?

E. Why are you coming to WTTW?

**PLEASE FAX/e-mail THE ABOVE TO:**  
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