

Client Program Preparation Form

Name of organization: _____
phone #: _____ fax #: _____

contact _____ title: _____
address: _____
city/state/zip _____

are you familiar with (*insert company/speaker name*)? _____
seen/heard _____ *where?* _____

type of meeting: _____
session type: keynote/seminar/workshop/consultation/custom training

time of presentation: _____ to _____ fee: _____

presentation date: _____

type of program: _____
sales/marketing/accounting/spouse/education/etc.

purpose for the meeting: _____
education/obstacles/problems/goals/etc..

number of expected attendees: _____ last year/month: _____

program theme: _____

location: _____

what do you want to accomplish: _____

who was the speaker at your last meeting: _____

how was he/she received: _____

what could participants be doing better that would improve performance and
productivity: _____

how do you want people to feel when they leave the meeting: _____

are these general or concurrent sessions: _____

other speakers: _____

major problems/concerns (*insert company/speaker name*) could address:

what would precede (*insert company/speaker name*): _____

what will follow (*insert company/speaker name*): _____

topic: _____

speech title: _____

who supplies evaluations: _____ how are materials handled: _____

room set-up: _____

u/classroom/rounds/theater/other

equipment needed: _____

flip chart/overhead w/screen/vcr w/monitor/microphone/l6mm projector/slide projector/etc.

what are you looking for in your speaker for this event: _____

skill development/motivation/inspiration/humor/ind spec/etc.

what professional speakers have you utilized: _____

what are your budgetary restrictions? _____ fees? _____ plus expenses: _____

who in your organization is well known and liked by the people in

attendance:

name: _____

phone: _____

buz words within your organization: _____

PRE-PROGRAM QUESTIONNAIRE

This questionnaire is designed to assist us in preparing a customized program for your organization. Please answer all applicable questions as thoroughly as possible and return to us at the above address no later than _____ with the items requested on number 18.

1. Name of organization _____

2. Date of presentation _____

3. Composition of audience _____

4. Number expected to attend _____

5. Length of presentation _____

6. What is the theme of the meeting? _____

7. What are the specific objectives/results desired from our program? _____

8. What is the mission/philosophy statement of your organization? _____

9. What are some of the current problems/ challenges/breakthroughs experienced by your industry? _____

9. Are there any sensitive issues or terms to avoid? _____

11. Meeting Time: Begin _____ End _____

12. Meeting Location: Site _____

Address _____

Distance from Airport to Hotel _____ Distance from Hotel to Site _____

Recommended Mode of Transportation from Airport to Hotel _____

Recommended Mode of Transportation from Hotel to Meeting Site _____

13. What takes place immediately before/after our program (meal, break, etc., if smother speaker, please indicate topic)?

Before _____

After _____

(Please note: I like to arrive an hour early to each program to view the room and set up as well as personally introduce myself to attendees as they arrive.)

14. If problems/emergencies arise on the way to the program, whom should we contact?

Name _____

Business Telephone # _____ Home telephone # _____

15. Name and telephone number of general manager, employees, and/or associates we can contact to get additional information:

Name _____ Telephone # _____

Name _____ Telephone # _____

Name _____ Telephone # _____

16. Previous consultants and/or programs used:

Name _____

Program _____

Name _____

Program _____

17. Name and telephone number of people you would like to refer to

Name _____ Telephone # _____

Name _____ Telephone # _____

Name _____ Telephone # _____

18. Please send us the following information (if available):

_____ Meeting agenda/information

_____ Company newsletter/paper/flyer

_____ Special promotions/campaigns