



LIFE TO THE
BRIM

The courage to live fully!

**SPEAKER
PRE – PROGRAM QUESTIONNAIRE**

Event Title: _____
Organization: _____
Event Date: _____
Event Time: _____
Attire: _____

THE PROGRAM

1. What is the conference/meeting theme? _____

2. What is the specific purpose of this meeting? (Annual event, Awards Banquet, etc. and which year?) _____

3. What are your specific objectives for this event?
• _____
• _____
• _____

4. What takes place immediately before and after Speaker's presentation (lunch, another speaker, etc.)?

Before: _____ After: _____
Who will introduce Mark? _____ Title: _____

5. Time of presentation. Start: _____ End: _____
Length of Q&A (if any) _____ (included in above time).

6. Are you planning to audio and /or video tape the presentation?
Audio? _____ Video? _____

What will the tapes be used for? _____

Please remember, you must receive written permission from us to do so.
Are you requesting permission now or have you already done so? _____

7. Which speakers have you used in the past for a similar event? _____

8. With your permission, we would like two contact persons the speaker can personally speak to for more information.

Name: _____ Phone (W) _____
Title: _____ (C) _____
(H) _____

Name: _____ Phone (W) _____
Title: _____ (C) _____
(H) _____

9. Is the event _____ private or _____ open to the public?



LIFE TO THE
BRIM

The courage to live fully!

AUDIENCE INFORMATION

- Number of attendees? _____ Are spouses invited? _____
 Percentage: Male? _____ Female? _____ Average age: _____
 Ethnic make-up? _____
- Who will be attending this event (Executives, Managers, Employees, Clients, Community, etc.) _____
- What are the names and titles of your top executives who will be attending the meeting?
 • _____
 • _____
 • _____
- Is there anything the speaker should know about the audience before Addressing them? _____

GENERAL BACKGROUND INFORMATION

- What is the purpose/mission of your organization? _____

- Is there a shared concern by the audience and if so, what is it? _____

- What is the greatest challenge they are currently facing? _____

- What are the most significant events that have occurred in your industry, Organization or group during the past year? _____

ADDITIONAL INFORMATION

- Contact person at the event? Name: _____ Office: _____ Cell: _____
- If there is an emergency during travel, who should be contacted?
 Name: _____
 Phone: _____
 Emergency backup: _____
- Event Location:
 Address: _____

 Phone: _____
 Fax: _____
 Event Room: _____
 Distance from hotel: _____
 Distance from airport: _____



4. Audio/Visual requirements confirmed:
Speaker requires a cordless microphone or a lavalier, and a lighted podium. Have these arrangements been made? _____
5. Hotel where Speaker will be staying (if different from above). Room should be a suite charged to the master account for room and tax, and a regular room for assistant, if required.

Phone: _____ Fax: _____

Distance from airport: _____

Confirmation # _____

Name of person picking up and returning speaker to airport (if required)

Company: _____

Name: _____

Phone: _____ Cell/Pager: _____

Will driver meet *Mark* at the Baggage Claim? _____ Or Curbside _____

Driver needs to have a sign that says "*Johnson*"

PRODUCT

Speaker has product he would like to make available for your audience after his presentation. Speaker will be happy to autograph and personalize the product. May he be permitted to sell products? Yes _____ No _____

If yes, we can arrange this in two ways. Which do you prefer?

- _____ a. Group purchase in advance for each attendee at a discount price.
_____ b. Materials made available outside meeting room after presentation.

If "A" an invoice would be sent to you. Only additional charges would be shipping.

If "B", please insure the following:

- Nothing will be taking place after presentation for at least 15 minutes.
- Table and chairs will be made available outside the meeting room.
- Someone from your group will be available to assist the speaker. Or will the speaker be required to provide someone.

Location to ship product, if applicable:

Attn: _____

Phone: _____ (c) _____

Fax: _____

THANK YOU!!!

For our files: Your email address & website: _____
