



CLIENT PRE-PROGRAM QUESTIONNAIRE

Name of CLIENT or GROUP: _____ Event Date: _____

This questionnaire enables Dan to tailor his presentation to meet your needs. Please answer all questions that are relevant to your event and return at your earliest convenience. **Answers can be typed directly into this form (boxes expand as you type) to save and return by e-mail.**

Primary on-site contact: _____
Title: _____
Company: _____
Address: _____
Phone: _____ Mobile Phone: _____
Email: _____
Website: _____

Secondary on-site contact: _____
Title: _____
Company: _____
Address: _____
Phone: _____ Mobile Phone: _____

Email: _____

The Event

Name of Event: _____
Type of Event (Annual Meeting, Awards Ceremony, etc.): _____
Major objective of this event: _____

Meeting theme: _____
Meaning of theme to your group:

How did you learn about Dan? _____
Why did you choose Dan as the speaker for your event? _____
Which of his topics are you most interested in? _____
What would you like his presentation to accomplish? _____

Dates of your entire event:

Begins: _____ Ends: _____

Exact schedule for Dan's participation:

Start Time: _____ Stop time: _____

Function _____ Meeting Room Location _____

What takes place immediately before and after Dan's presentation (another speaker, meal function, break, etc.)?

Before: _____

After: _____

Best time for Dan to do his A/V and room check (Dan needs 15-20 minutes when the meeting room is empty):

What slide size will your projectors be using? 4:3 (standard) or 16:9 (widescreen)?

(Note: Dan will default to 16:9 if not checked)

Proper attire for this event (black-tie, business, etc.): _____

Other professional speakers on this program:

Speaker: _____ Topic: _____ Day: _____

Speaker: _____ Topic: _____ Day: _____

Speaker: _____ Topic: _____ Day: _____

Professional speakers have you used in the past:

Speaker: _____ Year: _____

Speaker: _____ Year: _____

Speaker: _____ Year: _____

What did you specially like/dislike about their presentations? Why?

Like: _____ Dislike: _____

Would you like information about purchasing Dan's books as gifts for your attendees?

Yes No

Logistical Information

Name of car service providing local ground service? _____

Phone number: _____

Confirmation number for airport pickup reservation?

What time should Dan be ready in front of the hotel/venue for return to the airport? _____

Confirmation number for return reservation: _____

Hotel Name: _____

Address: _____

Phone: _____

Confirmation number for Dan's hotel room reservation: _____

(Please ensure this room reservation is prepaid/charged to the master account)

Meeting location if different from hotel: _____

Address: _____

Phone: _____

Meeting Room: _____

Will you be using Image Magnification (IMAG)? Yes No

Will there be a video crew onsite? Yes No

If so, what is the company name: _____

Audio and videotaping of Dan's presentation is allowed provided Dan receives a copy of the video. Will you be recording Dan's portion of the event? Yes No If so, where would we go to get a copy? _____

Can we talk about your event via our social media channels - (Twitter, Facebook, our web Blog, and/or LinkedIn?) Yes No

Can we show photos we take during the event on the above social media? Yes No

Will your event be using a Twitter Hashtag (#)? Yes No What will it be?

When can we begin using it? _____

Audience

Number Attending: _____

Spouses included: Yes No

Percentage of males/females: _____ Average age of group: _____

Job titles/descriptions: _____

Toward which group should Dan primarily direct his presentation? _____

Issues and challenges facing your organization: _____

Would Dan be allowed to invite a colleague or guest to sit in the back of the room during his presentation only? Yes No

General Background Information

Industry to which your organization belongs: _____

Three main things should Dan know about your group:

A. _____

B. _____

C. _____

Target markets/industries on which your organization primarily focuses:

B2B B2C

Jargon Dan should be familiar with (acronyms, titles): _____

Target markets/industries on which your organization primarily focuses: _____

Typical customer (i.e. CEO, CFO, VP, HR, Purchasing Agent): _____

Primary product or service sold: _____

Major competitors: _____

Special attributes that make your organization unique in the industry:

Any additional comments of information that would be helpful in tailoring this presentation for your group: _____

Special Request: When returning this form, please attach any printed material that would be helpful for Dan to better understand your group and prepare for this event. This might include annual reports, newsletters, magazines or brochures promoting your event.

Thank you!

Please return the completed questionnaire to:

jean@danconnortraining.com

DAN O'CONNOR TRAINING

3645 20 St S., Fargo, ND 58104
jean@danconnortraining.com • (973) 273-2120
www.DANOCONNORTRAINING.com
