

**Dr**

Dr. Will Moreland

**Dr**

CLIENT PRE-PROGRAM QUESTIONNAIRE

Name of CLIENT or GROUP:            Event Date:

This questionnaire enables Dr. Will 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**

**Dr**

**Dr**

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 Dr. Will?

Why did you choose Dr. Will 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 Dr. Will’s participation:

Start Time:       Stop time:

Function       Meeting Room Location

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

Before:

After:

Best time for Dr. Will to do his A/V and room check (Dr. Will 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: Dr. Will 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 Dr. Will’s books as gifts for your attendees?

Yes [ ]  No [ ]

**Logistical Information**

**Dr**

**Dr**

Name of car service providing local ground service?

Phone number:

Confirmation number for airport pickup reservation?

What time should Dr. Will 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 Dr. Will’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 Dr. Will’s presentation is not allowed without a separate written release. Would you like more information about taping rights? Yes [ ]  No [ ]

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**

**Dr**

**Dr**

Number Attending:

Spouses included: Yes [ ]  No [ ]

Percentage of males/females:       Average age of group:

Job titles/descriptions:

Toward which group should Dr. Will primarily direct his presentation?

Issues and challenges facing your organization:

Would Dr. Will 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**

**Dr**

**Dr**

Industry to which your organization belongs:

Three main things should Dr. Will know about your group:

A.

B.

C.

Target markets/industries on which your organization primarily focuses:

B2B [ ]  B2C [ ]

Jargon Dr. Will 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 Mark 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:**

**Marci@morelandtraining.com**

**MORELAND TRAINING & ASSOCIATES**

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