

PRE-EVENT QUESTIONNAIRE

EVENT TITLE: _____

ORGANIZATION: _____

EVENT DATE: _____.

EVENT TIME: _____.

ATTIRE: _____.

EVENT

What Is the theme of the event? _____.

Purpose (annual conference, banquet, rally, etc.)? _____.

What would you like the attendees to take away from the presentation (motivation, inspiration, energized, etc.)?

1. _____.

2. _____.

3. _____.

What takes place immediately before and after Dr. Marks' Presentation (dinner, adjourn, another speaker, etc.)?

Before: _____ After: _____.

Name of person that will introduce Dr. Marks: _____ Title: _____.

AUDIENCE INFORMATION

Number Of Attendees? _____. Are Spouses Invited? (YES) (NO). Is The Event: PRIVATE/PUBLIC?

Gender Ratio? MALE ____% FEMALE ____% Average Age? _____.

Who will be attending this event (executives, managers, clients, etc.)? _____.

What are the names and titles of your top executives who will be attending this event?

1. _____.

2. _____.

3. _____.

4. _____.

5 _____.

What should Dr. Marks 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 the audience is 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: _____ Cell: _____ Office _____.

If there is an emergency during traveling, who should be contacted: _____.

Cellphone: _____ Office: _____ Alternate # _____.

Event Location: _____.

Phone: _____ Distance From Hotel: _____ Distance From Airport: _____.

Hotel where Dr. Marks will be staying (if different from event location)? *If applicable*, room should be a suite, or a junior suite; charged to the master account for room, tax, and regular room for assistant if required.

Name: _____ . Phone: _____ .

Address: _____ . Phone: _____ .

Distance From Airport: _____ . Confirmation # _____ .

Person picking up and returning Dr. Marks to airport (if applicable):

Company/Name: _____ Phone: _____ .

Will the driver meet Dr. Marks at: *GATE/BAGGAGE CLAIM/CURBSIDE?* *If Applicable*, please provide driver with a sign that reads, "*Dr. Otis Marks II*".

AUDIO/VISUAL REQUIREMENTS

Dr. Marks requires a hand held, cordless microphone, or preferably a wireless lavalier with a lighted podium. Will these arrangements be made? YES/NO?

You Must Receive Written Permission To Record ANY Presentations Delivered By Dr. Marks From The International Institute For Deinoostriology. Are You requesting Permission Now? YES/NO?

Are you planning to record (*video/audio*) of Dr. Marks' Presentation? YES/NO?

If YES, how will the final product be used? _____ .

PRODUCTS

Dr. Marks may have product(s) that he would like to make available for your audience after his presentation; he will be happy to autograph and personalize the product(s). May he be permitted to sell these product(s)? YES/NO?

If YES, Dr. Marks will need:

1. A minimum of 15 minutes of uninterrupted time be allowed after Dr. Marks' presentation.
2. A table and chair be available outside the event space.
3. Someone from your group be available to assist Dr. Marks (not applicable if his personal assistant is present).

Thank you for allocating a portion of your valuable time to complete this Pre-Event Questionnaire. It is a valuable tool, which will enable Dr. Marks to effectively customize his powerful presentation to fit the theme and tone of your event.

ADDITIONAL NOTES & INSTRUCTIONS FROM EVEN PLANNER
