

Seminar Pre-Program Questionnaire

(Please Print Clearly)

Your time and effort in completing this Pre-Program Questionnaire is much appreciated and will help Doug Kelley to fine-tune his presentation to meet the needs of your group. Doug will arrange a convenient time to go over this questionnaire via telephone, which will take approximately 30 minutes. Please read it over to acquaint yourself with the questions.

CONTACT INFORMATION

Organization: _____ Website: _____
 Contact Person: _____ Title: _____
 Contact E-Mail: _____ Cell #: _____
 Physical Address: _____ Phone: _____
 City, State, Zip: _____ Fax: _____

PROGRAM INFORMATION

1. Seminar Topic:

- Managing Workplace Relationships (Team Building)
- Developing an Assertive Leadership Culture (Leadership, Coaching, and Management Duties)
- Managing Customer Relationships (Customer Service)
- Other: _____

2. Dates, Times, and Audience Demographics:

Program #	Seminar Code	Date	Start / Stop Time	Lunch Break Time / Length	Number of Attendees	Managers? Yes/No	% Male	% Female
1								
2								
3								
4								

What are the job titles of attendees?

Any special guests attending this presentation?

3. Will any company executives be speaking at this program? If so, on what subject will they be speaking (please send a transcript or outline to so Doug can incorporate key points into his presentation)?

4. Dress Code: How will the audience be dressed?

How will the executives be dressed?

How should Doug be dressed? (Suit and tie; sport coat and open collar shirt; slacks and shirt; other):

5. Past Speakers/Trainers: What did you like *best* about any speakers/trainers you've used previously?

What did you like *least* about past speakers/trainers?

6. Why have you selected Doug to present/speak at your program?

7. What is most important to you in your working relationship with Doug? In other words, how can he give you great service?

CONTENT INFORMATION

1. If this seminar is part of a bigger event, what is the theme of the bigger event?

2. What is the specific purpose of this program or training?

Annual Meeting

Custom Training Event

Other: _____

3. Please list at least three specific goals you want to achieve with this presentation/training:

1. _____
2. _____
3. _____

4. Please list specific content requirements over and above what is already included in the seminar program (if any):

5. When this program is over, what three ideas/concepts/skills do you want your people to take away even if they remember nothing else?

1. _____
2. _____
3. _____

6. How will you know that this presentation/training was successful? (In other words, what criteria are you using to measure its success?)

7. What are some common problems, challenges, or fears that the attendees are experiencing?

8. What other needs or improvement areas exist that will not be addressed by this program/training?

9. Is there any special jargon or unique industry terminology Doug should be aware of (acronyms, titles, etc.)?

10. Are there any topics that should be avoided?

11. Are there any people, milestones, or events to recognize?

12. Is there anything else that will help make this program exactly what you want?

COMPANY BACKGROUND INFORMATION

1. What is the primary product or service that you offer?

2. Who are your customers?

3. What are the two most important benefits you offer to your customers?

1. _____

2. _____

4. Who is your biggest competitor (if any)?

5. Why would someone choose to work for your organization?

6. What are the most significant events that have occurred in the recent past that have affected your industry, organization, or group (i.e. mergers, downsizing, etc.)?

7. What are some of the challenges your organization faces on a day-to-day basis?

8. What separates your high-achievers or top-performers from other employees?

9. What are two or three achievements of which your organization is most proud?

10. What keeps your CEO / President awake at night?

11. Please name up to five key people in your group that will be at the program. With your permission, Doug will contact them to discover more information about your group, i.e., what they might feel are the greatest challenges they and others face. Doug strongly recommends this in order to customize your program for maximum results.

No, we prefer no contact at this time

	NAME	TITLE	PHONE NUMBER	BEST TIME TO CALL
1.				
2.				
3.				
4.				
5.				

LEARNING TOOLS AND CONTINUED GROWTH

1. Workbook/Handouts:

Do you have color printing capability? Yes No

LOGISTICAL INFORMATION

Program Location: _____

Contact at meeting site (e.g., hotel sales rep, etc.): _____ Phone: _____

Are there any pre-meeting engagements (i.e. breakfast, lunch, dinner, etc.) you want Doug to attend? Yes No

If so, when and where are they scheduled? _____

Nature of event & appropriate dress: _____

Please fill out the following only if you are making travel arrangements. Normally, this will be handled by Doug.

Airline (if booked by you)*: _____ Flight Confirmation Number: _____

Departing time: _____ Arrival Time: _____ Arriving Airport: _____

Hotel Name & Address**: _____

Phone: _____ Fax: _____ Room Confirmation Number: _____

How far is the hotel from the airport? _____

How far is the program location from the hotel? _____

How should Doug travel to the hotel? Doug will rent car Taxi Cab Client will pick up Hotel shuttle

Other (please describe): _____

Thank You!

We appreciate your time and effort! We look forward to working with you!

* Please confer with Doug prior to booking flight.

** Please guarantee for late arrival.