

Pre-Program Questionnaire

This questionnaire is designed to help Damus fine tune his presentation to meet the needs of your group. Feel free to skip over any questions which would either be redundant or irrelevant due to the nature of your event. We want to do our part to make your upcoming event the best ever.

Once completed, scan and email to renata@damussmith.com If you have any additional questions, please call (734.328.1707)			
General Compan	y Information:		
Complete Official Complete	ompany/Association Nar	ne:	
Other name or acro	nym the company/group	o is referred by:	
Mailing Address:			
Phone:		Fax:	
E-mail:		Website:	
Company Slogan:			
Presentation/Prese	ogram Specifics and	Objectives:	
Conference/Program	n Theme:		
Specific Presentatio	n Title:		
Date:	Start Time:	End Time:	_
For training session	s: When do you prefer th	ne breaks to occur:	

What is on the program just before Damus speaks?				
What happens on the program right after he speaks?				
Specific purpose of this meeting (awards banquet, annual meeting, etc.)				
Specific objectives for Damus's presentation?				
What would make Damus's presentation really "special" for your group?				
What needs to happen as a result of Damus's participation for you to achieve success?				
(Please be as specific as possible)				
Sensitive issues that should be avoided?				
Attendee/Audience				
Number attending? %male %female				
Spouses attending? Y N Age range				
Average annual income Income range				
Educational Background:				
Major job responsibilities of audience:				
Rank in order of importance: Entertainment, Motivation, Content 1 3				
Average length of employment/association with company or group?				
Circle one: Are attendees there voluntarily or is it mandatory?				
If mandatory, how receptive are the attendees to this program?				

Will the attendees have to pay individua	lly or is it a company/association sponsored
event?	
How are these people paid? (Salary, Bonus,	Commission):
Dress code for attendees?	Usual dress:
Other relevant issues:	
Background	
Who are the other speakers on the progr	ram?
Speaker	Topic
Speaker	Topic
Speaker	Topic
What speakers have you used in the past be presenting for you?	t that covered topics related to what Damus will
Speaker	
Speaker	
Speaker	
What did you like and/or dislike?	
Name the key executives that will be in I Damus will like to contact them for more	Damus's audience. With your permission, e research information on your group.
Name:	Phone:
Nama	Phone

Name:	Phone:		
Details about your Audience			
Recent Achievements?			
Problems/Challenges?			
Breakthroughs?			
What separates your high-performance people from others?			
Details about your Organization			
Recent Achievements?			
Problems/Challenges?			
Breakthroughs?			
Significant Events? Mergers? Relocations? Awards?			
Details About Your Industry			
Recent Achievements?			
Problems/Challenges?			
Breakthroughs?			

Logistics

Introducer's Name?				
* Note: An introduction will be provided upon request.				
Will the event be audio taped? Y N Will the event be video taped? Y N (Remember, we will need to give permission to do so)				
If you wish, Damus can make his educational material available to your audience, so that they may continue the learning process. This can be done one of two ways. A.Group purchase in advance for each attendee, at wholesale price. B.Materials made available at the back of the room after the event. If you checked option B, please make sure that:				
1. Nothing will be on the program following Damus's presentation for at least 20 minutes.				
2. A table will be made available for materials by the exit door or just outside the room.				
3. Someone from your organization will be available to assist with sales. We will provide all necessary materials.				
Travel Information				
Best airport to arrive at?				
Recommended/Event Hotel?				
Address:Phone	:			
How will Damus be transported from the airport to the hotel?				
If picked up, company/contact name				
Venue Name (if different from hotel)				
Address:Phone	:			

Location at the site, room, etc.?_____

Emergency Contact(s): (list more than one il necessary)		
Name:		
Business Phone:		
Home Phone	Cell Phone:	
Completed by: Signature:	-	
Printed Name:		
Title:		
Company:		
Phone:	Email:	
Date:		

Thank you again for this opportunity to serve you.