

Dr. Frank Sovinsky Pre-Program Questionnaire

The following questionnaire will greatly assist Dr. Frank Sovinsky in preparing for your meeting. Any collateral materials (i.e. brochure, promotional video, annual report, etc.) on your company and/or group would also be of great value.

**Please complete all applicable information and FAX this form to(530) 584-1904.
For questions regarding this form please call Cathy at (800) 570-5272.**

Your Name _____

Title _____

Company/Organization _____

Phone Number: _____

Fax number: _____

E-mail address _____

Web site _____

Best time for our office to reach you _____

I. THE PROGRAM

A. What is your program THEME? _____

B. What are your specific objectives for my presentation? _____

C. Are there any sensitive issues that should be avoided? _____

D. Who is responsible for calling this meeting?

Name: _____

Title: _____

E. Will any company executives and/or industry experts also be speaking at this meeting?

Speaker: _____

Topic: _____

Day: _____

Speaker: _____

Topic: _____

Day: _____

Pre-Program Questionnaire (continued)

II. AUDIENCE ANALYSIS

A. Audience: _____

*Number attending? _____

*Average age of group? _____

*Average income of group \$ _____

B. Toward which group should Dr. Sovinsky primarily direct his presentation? _____

C. What issues keep your CEO awake at night? _____

III. GENERAL BACKGROUND INFORMATION

A. What three main things should Dr. Sovinsky know about your group?

1. _____

2. _____

3. _____

B. Who is your typical customer (e.g.: CFO, VP of HR, Purchasing Agent, Consumer)? _____

C. What is the primary product/service that you sell? _____

D. Who are your major competitors? _____

IV. LOGISTICAL INFORMATION

A. What is the nearest major airport to the meeting site? _____

Distance to meeting site? _____

Time: _____

B. How would you prefer Dr. Sovinsky travel between airport and hotel? _____

Thank you! Please FAX this form to (530) 584-1904.