



Jim Cathcart

Pre-Program Questionnaire

For

Clients Name

On

Speech date

We need your help! This questionnaire enables Jim Cathcart to tailor his presentation to meet your needs, Please answer all relevant questions skipping over any that may not apply due to the nature of your program.

VERY IMPORTANT: Please return this questionnaire before: **Due Date**

* **Note:** This questionnaire can also be downloaded online at:

<http://www.cathcart.com/preprogram.html>

Thank you! Your help will increase the value of this program.

SPEAKERSOFFICE, INC. • 5927 BALFOUR COURT, SUITE 103 • CARLSBAD, CA 92008

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E-MAIL: INFO@SPEAKERSOFFICE.COM • WWW.SPEAKERSOFFICE.COM

Your Name:
Title:
Company:
Address:
Phone: Fax:
Cell Phone: Email:
Website:
Best time for Mr. Cathcart to reach you:
THE PROGRAM
1. What is your program THEME?
A. What topic are you interested in?
2. What kind of meeting is it? Choose One
3. Who is responsible for calling this meeting? Name: _____ Title: _____
4. Who will be introducing Jim? Name: _____ Title: _____
5. Exact times of Jim's presentation? Starting: _____ Ending: _____ (Please email program agenda to jennifer@speakersoffice.com or fax to 760-603-8010)
6. What takes place immediately before and after my presentation (another speaker, meal function, break, etc.)? Included speakers name and subject matter. Before: _____ After: _____
7. When is the best time for Jim to do his A/V and room check? Option #1 _____ Option #2 _____
8. How should Jim dress for his presentation? Choose One
9. What is Jim's role in the program? Choose One
10. Who are the other professional speakers on this program? Speaker: _____ Topic: _____ Day: _____ Speaker: _____ Topic: _____ Day: _____ Speaker: _____ Topic: _____ Day: _____
11. What professional speakers have you used in the past? Speaker: _____ Year: _____ Speaker: _____ Year: _____ Speaker: _____ Year: _____
12. What did you specially like/dislike about their presentation? Why? Like: _____ Dislike: _____

13. Why did you choose Jim as a speaker for your event?
14. What are your specific objectives for Jim's presentation?
15. Would you like special pricing on Jim's books and online courses to reinforce Jim's ideas after his presentation? Yes <input type="checkbox"/> No <input type="checkbox"/>
LOGISTICAL INFORMATION
1. What is the nearest major airport to the meeting site? Approx. distance to meeting site? Miles: _____ Time: _____
2. For transportation from the airport to the meeting site would you prefer: <input type="checkbox"/> To have Jim met at the airport? Where? _____ <input type="checkbox"/> To have Jim take a cab? Approximate cost? _____ <input type="checkbox"/> Other _____
3. Exactly where is the meeting? Hotel: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Meeting Room: _____ Confirmation number for Jim's room reservation: _____
4. Will you be using Image Magnification (IMAG)? Yes <input type="checkbox"/> No <input type="checkbox"/> Will there be a video crew onsite? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what is the company name: _____ Contact person: _____ Phone: _____
5. If Jim has any problems/emergencies after business hours or on his way to the program, whom should he contact? (Please include cell & home phone) Name: _____ Cell Phone: _____ Home Phone: _____ Business Phone: _____
6. Mr. Cathcart typically prefers to have a light dinner from room service and retire early the night before his presentation. If there is a scheduled event at which his attendance is important, please let us know time, place and appropriate attire:

AUDIENCE ANALYSIS	
1. Number Attending?	
2. Are spouses invited? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Percentage of males/females:	
4. Average age of group?	
5. Job titles:	
6. Toward which group should Jim primarily direct his presentation?	
7. Who are the people within your organization responsible for the following?	
A. President/Executive Director: Name _____ Exact Title _____ Email address _____	
B. VP of Sales/Marketing: Name _____ Exact Title _____ Email address _____	
C. Sales Training Manager: Name _____ Exact Title _____ Email address _____	
GENERAL BACKGROUND INFORMATION	
1. What industry does your organization belong to? Choose One	
2. What three main things should Jim know about your group?	
A. _____	
B. _____	
C. _____	
3. Is there any jargon Jim should be familiar with (acronyms, titles)?	
4. Which target markets/industries does your organization primarily focus on?	
5. Who is your typical customer (i.e. CEO, CFO, VP, HR, Purchasing Agent)?	
6. What is the primary product/service that you sell?	
7. Who are your major competitors?	
8. Any additional comments of information that would be helpful in tailoring this presentation for your group?	

THANK YOU!