

Pre-Program Questionnaire For Booking Robert Scheinfeld

Your Name:

Phone:

Title:

Fax:

Company:

Website:

Best time for Robert Scheinfeld or Representative to reach you:

I. YOUR PROGRAM

1. What is the meeting theme?
2. What is the specific purpose of this meeting?
3. What type of meeting is it? (annual meeting, awards ceremony, sales kick-off, etc.)
4. Who (if anyone) is on the program just before Bob and what is their presentation topic?
5. Who (if anyone) is on the program right after Bob and what is their presentation topic?
6. Which company executives and/or industry experts will be speaking at this meeting?

II. THE PRESENTATION

1. What is Mr. Scheinfeld's role in your program (opening or closing, keynote, breakout, etc.)?

2. What are the exact times for Robert's presentation?

Start Time:

End Time:

(Note: Please send us a copy of the meeting program and agenda so he can see how his program fits in. Thank You!)

3. How will most of the audience be dressed?
4. How will the executives be dressed?
5. Who will be introducing Robert to your group?

6. What is most important to you concerning the content of Robert's program?
(i.e. use of examples, exercises, handout, etc.)
7. What is most important to you in the working relationship with Robert?
8. What themes or threads (other than the primary topic of Robert's program) would you like to see woven into the program?
9. When your people leave the program, what three concepts/skills/ideas would you like them to have?
 - A.
 - B.
 - C.

III. THE AUDIENCE

1. Number in the audience: Are spouses invited?
2. Male/Female Percentage
M%: F%:
3. Average age of group? Range of age to?

IV. BACKGROUND

1. What separates your high-achievers from the others?
2. What are some of the challenges your organization and your people/members face on a day to day basis?
3. What areas of challenge pose the greatest opportunity for improvement?
4. What are the most significant events that have occurred, and that have affected, your industry, organization, or group during the past year? (i.e. mergers, downsizing, etc.)
5. What is the primary product or service that you offer?
6. What are the two most important benefits you offer to your customers?
 - A.
 - B.

7. What are 2 or 3 achievements of which your organization is most proud?

7. Name five key people in your group that will be at the program. With your permission, Robert may want to contact them to discover more information about your group.

Name / Telephone #

1.

2.

3.

V. LEARNING TOOLS

Most audiences want something to help them continue learning after the presentation. What do you prefer?

- Visit our online store for all of Robert Scheinfeld's titles
- Customized workbook
- Autographed book or tape albums

How do you wish to handle these?

- Purchase at quantity discount to distribute to participants at the event
- Offer learning materials to participants for purchase at the event.
- Let participants order the materials from Success Breakthroughs after the presentation.

VI. LOGISTICAL INFORMATION

1. Hotel Name and Address

Phone:

Fax:

2. Hotel Confirmation Number:

3. Name of meeting room:

4. Into what airport should we schedule Robert's flight?

5. How far is the hotel from the airport?

6. How should Robert travel to the hotel? (take cab, rent car, driver will pick up, etc.)?

7. Would you like Robert to notify someone after he arrives at the hotel? If so, whom shall he contact:

Phone:

8. Contact at meeting site:

Name:

Title:

Phone:

On site arrival date:

9. Are there any pre-meeting engagements (i.e. breakfast or lunch)? If so, where and when are they scheduled:

Please fax the completed questionnaire to: (434) 978-0118.