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Information for Elly Valas' Presentation

on _____ (date)

for _____
(exact name of organization)

The answers to this questionnaire are vital to help Elly prepare a program specifically suited to the needs of your group. Please be willing to invest this time. As soon as we receive it, Elly will contact you to fine-tune the program to your needs and objectives and create an appropriate handout.

Please return this questionnaire as soon as possible to our office to ensure your program's success. The address is P. O. Box 461028, Glendale, CO 80246; the Fax number is 303/393-1562.

What is the mission statement or philosophy of your organization? (Send any pertinent materials)

What kind of meeting is this? (Awards retreat, etc.)

What is the theme of this meeting? _____

Will you be purchasing copies of Elly's book, *Guerrilla Retailing* for those attending the program? If so, how many? ____ Please include shipping address for the books below.

If you will not be purchasing books, may Elly sell them to seminar participants after her program? _____

Elly's Program

What is your chosen **title** for Elly's program?

What are your **specific** objectives for the program?

- 1.
- 2.
- 3.
- 4.

Are these the same objectives and title printed in the program? **YES** **NO**

When Elly is done and the audience is walking out the door; what are the two things you want them to be saying?

- 1.
- 2.

When Elly's program is completed, how will you determine the value to the meeting & attendees?

What takes place immediately **before** Elly's program? (Other program, break, meal)

Starting time for Elly's program: _____ Ending time: _____

What takes place immediately **after** Elly's program? (Other program, break, meal)

Other speakers and their topics/titles?

1. _____
2. _____
3. _____

Meeting room location:

Elly's introducer:

Name: _____ Email: _____

Phone: _____ FAX: _____

Audio/visual contact:

Name: _____ Email: _____

Phone: _____ FAX: _____

Audience Background

Number in audience: _____ Spouses invited? _____ Average age: _____

Percentage Male/Female: _____ Educational background:

Job titles and/or responsibilities of those attending?

What are their major challenges and/or most frustrating issues?

What are they doing RIGHT?

What specific areas of work performance are ripest for improvement?

What points do you want the attendees to retain?

- _____
- _____
- _____

Are there any sensitive issues or topics to be AVOIDED?

Who are their heroes and experts?

- _____
- _____
- _____

Who are their major competitors?

- _____
- _____
- _____

Anything else that will help Elly understand the audience better?

Key individuals to contact by phone for *insider's viewpoint* prior to program (please provide a good cross-sampling of the audience)

Name: _____

Title: _____ Company: _____

Phone: _____ FAX: _____

Email: _____

Name: _____

Title: _____ Company: _____

Phone: _____ FAX: _____

Email: _____

Name: _____

Title: _____ Company: _____

Phone: _____ FAX: _____

Email: _____

Name: _____

Title: _____ Company: _____

Phone: _____ FAX: _____

Email: _____

Industry/Organization Insights

Who are the officers/top management in your organization? (Name, title, phone, email)

- 1.
- 2.
- 3.
- 4.

What issues in the organization keep them awake at night?

- _____
- _____
- _____

What are some current problems experienced by your industry and/or organization?

- _____
- _____
- _____

What is the "State of the Industry" or industry summary?

What are the most significant events that have occurred in your industry/organization during the past year?

Please share any "industry color."

What funny things are used as common "in house" jokes?

What are the best books written about your industry?

1.

2.

3.

Emergency Contact: If Elly encounters any problems on the way to the program

Name: _____

Phone: _____

Cell Phone: _____ Home Phone: _____

Travel details

Closest or most convenient airport:

Distance miles:

Time to travel:

Best way to hotel/meeting site: (taxi, hotel shuttle, rental car)

(Please include map to hotel and meeting site, if rental car is necessary)

Hotel: _____

Address: _____

City, State, Zip

Phone: _____ Fax: _____

Key Contact: _____

Have you reserved a sleeping room (non-smoking, non-connecting, away from elevators/stairs/vending/ice) and guaranteed for late arrival?

YES Reservation/confirmation # _____

Elly wants to be at her best for your event, but if there is a scheduled function the evening before, please let us know.

Other pertinent materials included

Organization magazine and/or newsletter Annual report

Meeting flyers &/or programs (current & past)

Strategic plan, organization chart, promotions