

Skarie Enterprises Preprogram Questionnaire

Dan Skarie – Retraining the mind for success

This questionnaire is designed to help Dan 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 & email to Skarie Enterprises at: Skarie.enterprises@gmail.com
If you have any additional questions, please call 1-800-431-9845*

General Company Information:

Complete Official Company/Association Name:

Other name or acronym the company/group is referred to:

Mailing Address:

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Company Slogan: _____

Presentation/Program Specifics and Objectives:

Conference/Program Theme: _____

Specific Presentation Title: _____

Date: _____ Start Time: _____ End Time: _____

For training sessions: When do you prefer the breaks to occur:

What is scheduled just before Dan speaks? _____

What is scheduled on the program right after he speaks? _____

Specific purpose of this meeting (awards banquet, annual meeting, etc.) _____

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Specific objectives for Dan’s presentation? _____

What would make Dan’s presentation “special” for your group? _____

What needs to happen as a result of Dan’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 _____ Age range _____

Major job responsibilities/ job functions of audience: _____

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 individually or is it a company/association sponsored event? _____

Dress code for attendees? _____ Usual dress: _____

Other relevant issues: _____

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Background

Who are the other speakers on the program?

Speaker _____ Topic _____

Speaker _____ Topic _____

Speaker _____ Topic _____

What speakers have you used in the past that covered topics related to what Dan would be presenting for you?

Speaker _____

Speaker _____

Speaker _____

What did you like and/or dislike? _____

Name the key executives that will be in Dan's audience. With your permission, Dan will like to contact them for more research information on your group.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Details about your audience

Recent Achievements? _____

Problems/Challenges? _____

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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? _____

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Logistics

Introducer's Name _____ Title _____

* 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 for you to do so)

Materials Available

Dan's Book "Living Life on My Terms" can be made 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 Dan'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.

Travel Information

Best airport to arrive at? _____

Recommended/Event Hotel? _____

Address: _____ Phone: _____

How will Dan 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 if necessary)

Name: _____

Business Phone: _____ Cell Phone: _____