

# Kim Jacobs Unlimited, Inc. PRE-PROGRAM QUESTIONNAIRE

EVENT TITLE: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_  
EVENT DATE: \_\_\_\_\_  
EVENT TIME: \_\_\_\_\_  
ATTIRE: \_\_\_\_\_

## THE PROGRAM

1. What is the conference/meeting theme? \_\_\_\_\_  
\_\_\_\_\_

2. What is the specific purpose of this meeting? (Annual event, Awards Banquet, etc. and which year?) \_\_\_\_\_

3. What are your specific objectives for this event?  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

4. What takes place immediately before and after Kim Jacobs presentation (lunch, another speaker, etc.)?

Before \_\_\_\_\_ After \_\_\_\_\_  
Who will introduce Kim? \_\_\_\_\_ Title \_\_\_\_\_

5. Time of presentation. Start: \_\_\_\_\_ End: \_\_\_\_\_  
Length of Q&A (if any) \_\_\_\_\_ (included in above times).

6. Are you planning to audio and/or video tape the presentation?  
Audio? \_\_\_\_\_ Video? \_\_\_\_\_

What will the tapes be used for? \_\_\_\_\_  
\_\_\_\_\_

*Please remember, you must receive written permission from us to do so.*  
Have you already received signed permission to do so? \_\_\_\_\_

7. Which speakers have you used in the past for a similar event? \_\_\_\_\_

8. With your permission, we would like two contact persons Kim can personally speak to for more information.

Name \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Title \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

Name \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Title \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

9. Is the event \_\_\_\_\_ private or \_\_\_\_\_ open to the public?

## AUDIENCE INFORMATION

1. Number of attendees? \_\_\_\_\_ Are spouses invited? \_\_\_\_\_  
Percentage male/female? \_\_\_\_\_ Average age \_\_\_\_\_  
Ethnic make-up? \_\_\_\_\_

2. Who will be attending this event (executives, managers, employees, clients, community, etc.) \_\_\_\_\_

3. What are the names and titles of your top executives who will be at the meeting?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

4. Is there anything Kim should know about the audience before addressing them? \_\_\_\_\_

## GENERAL BACKGROUND INFORMATION

1. What is the purpose/mission of your organization? \_\_\_\_\_

2. Is there a shared concern by the audience and, if so, what is it? \_\_\_\_\_

3. What is the greatest challenge they are currently facing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What are the most significant events that have occurred in your industry, organization or group during the past year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL INFORMATION

1. Contact person at the event? \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

2. If there is an emergency during traveling, who should be contacted?  
Name: \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_  
Emergency Back-up: \_\_\_\_\_

3. Event location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Event room: \_\_\_\_\_

Distance from hotel: \_\_\_\_\_

Distance from airport: \_\_\_\_\_

4. Audio/visual requirements confirmed:

Kim requires a wireless clip on microphone and a lighted podium.  
Have these arrangements been made? \_\_\_\_\_

5. Hotel where Kim will be staying (if different from above). Room should be a suite, or a junior suite, charged to the master account for room and tax, and a regular room for assistant, if required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Distance from airport: \_\_\_\_\_

Confirmation # \_\_\_\_\_

Person picking up and returning Kim to airport (if required):

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Will driver meet Kim at the Baggage Claim? \_\_\_\_\_ Or Curbside? \_\_\_\_\_  
Driver needs to have a sign that says "Jacobs."

## PRODUCT

Kim has product she would like to make available for your audience after her presentation. Kim will be happy to autograph and personalize the product. May she be permitted to sell products? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, we can arrange this in two ways. Which do you prefer?

- \_\_\_\_\_ A. Group purchase in advance for each attendee at discount price.  
\_\_\_\_\_ B. Materials made available outside meeting room after presentation.

If A, an invoice would be sent to you. Only additional charges would be shipping.

If B, please make sure that:

- ◆ Nothing will be happening after presentation for at least 15 minutes
- ◆ A table and chairs will be made available outside the meeting room
- ◆ Someone from your group will be available to assist speaker

Location to ship product, if applicable:

\_\_\_\_\_  
ATTN: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ (C)  
Fax: \_\_\_\_\_

## THANK YOU!!!!

Please return to:            Kim Jacobs Unlimited, Inc.  
   Phone: 704-944-3534  
   Fax: 704-944-3101: Attention: Kim Jacobs

For our files: Your email address \_\_\_\_\_

Your website address \_\_\_\_\_