

Meeting Planner Customized Program Profile

Please take a moment to complete this form. The more we know about your needs the better we can customize your program to maximize its impact. Some questions may not be applicable to your group. However, please provide as much detail as possible. Information provided is held in strict confidence.

Section I: Background Information

Agency/Organization _____ Website _____

Contact _____ Title _____ E-Mail _____

Phone _____ FAX _____

Address _____ City _____ ST _____ ZIP _____

Meeting: Date _____ Time _____ Length of Program _____ Dress Code _____

Program Title _____ Location of Meeting _____

Meeting Room _____ Address _____

Phone _____ Directions _____

Audience:

Number Expected _____ % Female _____ % Male _____ Age Range _____

Average Education _____ Experience Level _____

Job Titles/descriptions of majority of audience, e.g., small business owners, executives, managers, etc. _____

VIPs, employees, guests or association members present _____

Section II: Agency/Organization/Industry Information

Main purpose of your agency/organization, e.g., type of business, goal of association, etc. _____

Current state of your organization and industry in general _____

List 2 - 3 main challenges facing the participants _____

List 2 - 3 major opportunities facing the attendees _____

List two-three accomplishments of which your group is particularly proud _____

Unique features of your group _____

Section III: Program Information

Main purpose of this meeting/program, e.g., dept. training, annual meeting, spouse program, etc. _____

Theme or focus of meeting _____

List 2-3 things you would like this presentation to accomplish _____



List any buzz words/information that would help customize your presentation _____

List sensitive subjects/topics/issues to avoid _____

Describe the general attitudes or currently-held perceptions of the participants that are impacting their success & productivity _____

Describe skills, opinions, behaviors, beliefs you would like the attendees to modify as a result of this program _____

If I could wave a magic wand during my program and solve one problem or help you do one thing better in your business (job), what would it be? _____

What keeps you up at night? _____

What one thing, that all participants will take from this presentation, will ensure your satisfaction? _____

What could I do to add a special touch to my program—how could I go the extra mile for this audience? _____

What scoop can you provide on some of your members that would be appropriate to weave into the program? _____

How will you reinforce the material covered in the presentation? _____

Would you be interested in purchasing follow-up materials, e.g., books, video/audio tapes, humor accessories, for reinforcement? Yes _____ No _____

Which of the following methods does your group prefer? Check all that are appropriate.

____ Slides _____ PowerPoint _____ Small Groups
____ Self-Awareness Surveys _____ Lecture with Q & A _____ Other, specify _____

Your attendees generally like speakers who _____

Your attendees generally do NOT like speakers who _____

What speakers have you used in the past? _____

How were they received by your participants? _____

Section IV: Names and Numbers

List the names of 3 people we may contact to learn more about your group & its needs.

Name _____	Position _____
Organization _____	Phone _____
Name _____	Position _____
Organization _____	Phone _____
Name _____	Position _____
Organization _____	Phone _____

Section V: Additional Information Please send any or all of the following:

- Meeting program, announcement, agenda, flyer
- Company/organization brochures
- Articles/press releases about your group or industry
- Organization newsletter
- Other helpful material

Your attention to these details is appreciated!

Please return at the email, mail or fax listed below.



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Email: sandy@sandycampbell.com Web: www.sandycampbell.com