

STRETCH YOURSELF *with* RON BROUSSARD

RON BROUSSARD PRESENTS

PRE-PROGRAM QUESTIONNAIRE

Ron Broussard wants to contribute in a meaningful way to your event's total success. Therefore, it is important that he receive as much information as possible about your organization and event so he can create the best presentation to fit your specific needs.

Please complete this questionnaire and return with any additional marketing promotional materials (program/event brochure, newsletters, invitations, press kits, etc.) prior to your first conference call or site visit with Ron. If all information is not available, please complete as thoroughly as possible and follow-up with additional information. We appreciate your time and attention to detail. We know your time is valuable. Thank you so much for your help.

PLEASE NOTE: All information provided should reflect any information already listed on Ron's agreement contract. A change or addition on this form does **NOT** constitute a change to the contract and **MUST** be requested and approved in writing by the speaker.

Organization: _____

Address: _____

Website: _____

Date of Ron's Program: _____

1. Primary Contact Person prior to event:

Name: _____ Title: _____

Office phone: _____ Cell phone: _____

Fax Number: _____ E-mail: _____

2. Primary Contact Person at the event (if different than above):

Name: _____ Title: _____

Office phone: _____ Cell phone: _____

Fax Number: _____ E-mail: _____



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LOGISTICAL INFORMATION

1. What is the conference/event theme or focus?

2. What is happening immediately BEFORE Ron's presentation?

3. What is happening immediately AFTER Ron's presentation?

4. What speakers have you had in the past? _____

5. Who else is speaking at this event? _____

AUDIENCE PROFILE

6. Number attending Ron's program: _____ % male _____ % female

7. Average age: _____ age range: _____

8. Who will be attending (i.e., executives, managers, employees, customers, clients)?

9. Spouses invited? _____ If so, will they be encouraged to attend Ron's presentation?

10. Anything else Ron should know about this audience?

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ORGANIZATION OVERVIEW

11. Please provide a brief description of your organization (primary product or service, most important benefits you offer your customers/members, unique features of your service, major competitors, major strengths/weaknesses, major competitors, etc.):

12. Who is your organization's target market? _____

RON'S PROGRAM

13. What are your three most important objectives for Ron's presentation?

- a. _____
- b. _____
- c. _____

14. What ideas/skills do you want your group to retain from Ron's presentation?

15. Would you like Ron to provide you with some free articles and videos that you could share with your audience for several weeks after the event to ensure longer-lasting results? _____

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16. Rank in order of importance to your audience: entertainment, content, motivation.

1 _____ 2 _____ 3 _____

17. Check the areas you would like Ron to integrate into her presentation:

leadership relationships reality check teamwork change sales
 accountability managing expectations added value performance attitude
 life balance customer service communication stress, crisis
_____ other

Completed by (signature): _____

Printed Name: _____

Title: _____

Company: _____

Phone: _____ **Email:** _____

Date: _____

Please return this form by fax or email to:
Devin Haley @ (770) 825-0608 (fax), dhaley@stretchyourself.org, (678) 743-1861 (office)

