WE NEED YOUR HELP!

This questionnaire is designed to help Michael 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 and email to MGallery@opisconsultants.com:

If you have any additional questions, please call (972) 317-9596

	General Company Info	rmation:	
Complete Official Company/Association Name:			
Other name or acron	ym the company/group is referre	ed by:	
Mailing Address:			
Phone:		Fax:	
E-mail:		Website:	
Company			
Slogan:			
Pro	esentation/Program Specifics	and Objectives:	
Conference/Program	Theme:		
Specific Presentation	n Title:		
Date:	Start Time:	End Time:	
For training sessions	: When do you prefer the break	s to occur:	
What is on the progr	am before Michael speaks?		
	e program right after he speaks'		
Specific nurnose of t	his meeting (awards banquet, a	nnual meeting, etc.)	

Specific objectives for Michael's	presentation?				
What would make Michael's presentation really "special" for your group?					
What needs to happen as a resu	ult of Michael's partic	ipation for you to achieve			
success? (Please be as specific	as possible)				
Sensitive issues that should be a	avoided?				
	Attendee/Audienc	e			
Number attending?	%male	%female			
Spouses attending? Y N	Age range				
Average annual income Income range					
Educational Background:					
Major job responsibilities of audi	ence:				
Average length of employment/a	ssociation with comp	pany or group?			
Circle one: Are attendees ther	e voluntarily or is it m	nandatory?			
If mandatory, how receptive are	the attendees to this	program?			
Will the attendees have to pay in	ndividually or is it a c	ompany/association sponsored			
event?					
	ess code for attendees? Usual dress:				
Other relevant issues:					

Background Who are the other speakers on the program? Topic _____ Speaker Speaker_____ Topic_____ Speaker____ Topic What speakers have you used in the past that covered topics related to what Michael will be presenting for you? Speaker Speaker Speaker____ What did you like and/or dislike? Name the key executives that will be in Michael's audience. With your permission, Michael would like to contact them for more research information on your group. Name:_____ Phone:_____ Name:______ Phone:_____ Phone:_____ Name: Details about your Audience Recent Achievements? Problems/Challenges?______ Breakthroughs?____

What separates your high-performance people from others? Details about your Organization				
Problems/Challenges?				
Breakthroughs?				
Significant Events? Mergers? Relocations? Awards?				
Details About Your Industry				
Recent Achievements?				
Problems/Challenges?				
Breakthroughs?				
Logistics				
Introducer's Name? Title* * Note: An introduction will be provided upon request. Michael's standard introduction is provided at www.michaelgalleryspeaker.com under the meeting planner section.				
Is there any publicity work Michael can do for you while he is at your event? Please let us know in advance so we can arrange travel. Will the event be audio taped? Y N Will the event be video taped? Y N (Remember, we will need to give permission to do so) If you wish, Michael can make his educational material available to your audience, so				

that they may continue the learning process. This can be done one of two ways. AGroup purchase in advance for each attendee, at wholesale price. BMaterials made available at the back of the room after the event.				
If you 1.	If you checked option B, please make sure that: Nothing will be on the program following Michael's presentation for at least 20 minutes.			
2.	A table will be made available for materials by the exit door or just outside the			
3.	room. Someone from your organization will be available to assist with sales. We will provide all necessary materials.			
Travel Information				
Best airport to arrive at?				
Recommended/Event Hotel?				
	SS:			
How will Michael be transported from the airport to the hotel?				
If picked up, company/contact name				
Venue Name (if different from hotel)				
Address:		Phone:		
Locati	on at the site, room, etc.?			
Emergency Contact(s): (list more than one if necessary)				
Name	· ·			
Busin	ess Phone:			
Home	Home Phone Cell Phone:			

Thank you again for this opportunity to serve you.