

This pre-program questionnaire is for **KAZ's** presentation to:

We need your help! **KAZ** would like to specifically meet your needs with her presentation, so please take a few moments and complete the following pages. If you have a mini cassette recorder that fits into a dictating machine, feel free to let us know and we will send you a micro cassette for you to dictate your answers or simply call the toll free number and discuss it with someone in the office.

Any portions of the questionnaire our office can complete will have been completed. Please feel free to correct any of our responses to help give **KAZ** a better idea about your company.

PLEASE send us any printed information on your group that you believe would be useful to help us get to know you better. (Conference brochure, newsletters, publications)

RETURN THIS QUESTIONNAIRE TO:

Competitive Balance – (formerly KAZ Productions International, Inc)
PO Box 703811
Dallas, TX 75370-3811 USA

If you have any further questions please call our office on 972 633 9696 or toll free 1 877 LATERAL (528-3725). Email: KAZ@KAZproductions.com or KAZ@CompetitiveBalance.com

***PLEASE RETURN THIS FORM 90 DAYS PRIOR TO ENGAGEMENT
TO ALLOW FOR AUDIO-VISUALS TO BE DEVELOPED IN TIME***

PLEASE PRINT:

PRESENTATION TITLE: _____

DATE: _____ STARTING TIME: _____ ENDING TIME: _____

ANY BREAKS? _____ WHEN: _____

What is on the program directly before **KAZ** speaks? (please send program if available)

What happens on the program right after she speaks? _____

Appropriate dress for the presentation? _____

Conference seminar or theme? _____

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

Specific objectives for **KAZ's** presentation?

Are there any sensitive issues that should be avoided?

Introducer's Name: _____

Day telephone: _____ Evening telephone: _____

Is there any publicity work **KAZ** can do for you while she is at your event? Radio or television? Please let us know ahead of time, so we might arrange her schedule.

Are there any other speakers on the program? If the conference agenda is available simply attach it to the questionnaire.

Speaker: _____ Topic: _____

Speaker: _____ Topic: _____

Speaker: _____ Topic: _____

What speakers have you used in the past that have covered topics related to the material **KAZ** will be presenting for you?

Without using names, what did you like and/or dislike of the previous speakers' material. Please comment on the material used.

Name three movers and shakers in your group that will be in **KAZ's** audience. With your permission we would like to contact them for more research into your group. The more names the better!

_____ day phone: _____
_____ day phone: _____
_____ day phone: _____

What would make **KAZ's** presentation really "**special**" for your group?

THE AUDIENCE:

Number attending: _____ % Males: _____ % Females: _____

Spouses coming? _____ Average age of the group: _____

Educational background: _____

Major responsibilities of the audience:

DETAILS ABOUT YOUR AUDIENCE:

Problems? _____

Challenges?

Breakthroughs?

What separates your high-performance people from the others?

TELL US ABOUT YOUR INDUSTRY:

Problems?

Challenges?

Breakthroughs?

TELL US ABOUT YOUR ORGANIZATION:

Problems?

Challenges?

Breakthroughs?

Significant events? Mergers?

Would you say your group is:

very conservative conservative likes a good laugh very non-conservative

Please define the percent of content and entertainment you would like your group to receive from KAZ's presentation.

_____ % content _____ % entertainment

NOTE: PREVIOUS ARRANGMENTS MUST BE MADE WITH KAZ IF HER SESSION IS TO BE AUDIO OR VIDEOTAPED.

If you wish, **KAZ** will make her products available to your audience, so that you may continue the learning process at home. There are two ways in which this may be arranged. Please tick one that is most appropriate for your group.

A. _____ Group purchase in advance for each attendee at wholesale. Please request a product list.

B. _____ Materials made available at the back of the room after the presentation.

IF YOU CHECKED "B" PLEASE MAKE SURE THAT:

1. Nothing will be on the program directly after her presentation and that there will be at least a 20-minute break after or there is a display set-up during the day that participants can refer to at leisure.
2. A table will be made available for her to place her materials by the exit door.
3. Someone from your group will assist with sales and be rewarded accordingly.

TRAVEL INFORMATION:

Location of the presentation and venue name: _____

Address: _____

Phone: _____ FAX: _____

Overnight accommodation has been arranged at: _____

Airport to use: _____

How will **KAZ** be transported from the airport to your site?

Taxi _____ Rental Car _____ Pick-up person **KAZ** is driving
NAME **NAME**

Pick-up person's name: _____

Their day telephone: _____ Evening telephone: _____

If an emergency occurs on the way to the site, who would be an alternative contact if the above person is not available? Name: _____

Day telephone: _____ Evening telephone: _____

Thank you for taking time to complete this questionnaire. If some of the information has already been sent to the speaker bureau or our office, please just indicate so on the survey or call us on Toll Free **877 LATERAL**.

Keep smiling,

Robert Cole
Office Manager

Competitive Balance
PO Box 703811 ♦ Dallas ♦ TX ♦ 75370-3811
Ph 972 662 7766 Email KAZ@KAZproductions.com