

Engagement Questionnaire

 Listen to Harv!

The following questionnaire will assist us in suggesting and preparing a presentation that will fit your event theme and company requirements.

Please complete all applicable information:

CONTACT INFORMATION

Your contact information is private and confidential and will be retained exclusively by us for essential communications with you.

Required Fields are in **BOLD**

Your Name:

Title:

Company/Organization:

Brief description of your company:

Email:

Address 1:

Address 2:

City/Town:

State/Province:

Zip/Postcode:

Country:

Home Phone:

Work Phone:

Fax:

Website:

Best time for our office to reach you: M - F 9 am - 5 pm
 Evenings
 Weekends

Cut-off date to book speaker:

THE EVENT

Event Title: Event Description: Event Dates & Times: Event or Speaker Theme(s): Speaker Appearance Date/Time(s): Type of Meeting/Conference:

(awards, annual, training)

Specific objectives for speaker presentation: T. Harv Eker's role in the program:

(opening or closing keynote, seminar or luncheon speaker, etc.)

Sensitive issues to avoid in presentation: Will attendees be eating during YesT. Harv Eker's presentation?: NoWill there be coffee/lunch break Yesbefore or after T. Harv Eker's No
presentation?:Will T. Harv Eker be granted Yespromotional opportunities at No
event?:Who will be the master of

ceremonies?: (name & title)

Who will be introducing T. Harv

Eker?: (name & title)

List additional professional

speakers & topics:

List professional speakers you

have used in the past:

Specific likes/dislikes about

their performance:

AUDIENCE/ATTENDEE ANALYSIS

Number of expected attendees:

Number of booked attendees:

Are spouses invited?: Yes
 No

Percentage of males versus females:

Average age of attendees:

Average income of attendees:

Attendee positions:

(sales, marketing, managers, etc.)

Main company/association concerns/frustrations that you would like to see change and improve:

Area your company would like to improve:

COMPANY PROFILE INFORMATION

Main things we should know about your company/group:

What your company does:

Target markets/industries for your organization:

Your average customer:

The primary product/service that you sell:

Your major competitors:

Additional comments or information that would be helpful in tailoring this presentation for your group:

Please print this form.

Fill out and FAX to: 604-983-3500

FOR MORE INFORMATION CONTACT:

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