

# Ed Robinson's Pre - Program Questionnaire

*Ed Robinson needs your help! This questionnaire enables Ed to increase the value of his presentation. Please answer all relevant questions skipping over any that may not apply due to the nature of your program.*

*Your response to these questions is the first step. Upon receipt, we will contact you to set up a pre-conference call to insure that Ed understands your objectives for his appearance. We appreciate your time and attention to these details.*

*This document is in Adobe PDF, so you may complete it on-line  
and return it to [booking@edspeaks.com](mailto:booking@edspeaks.com).  
If you have any questions, please contact us at the numbers provided below.  
Select the highlighted area next to the prompt and begin typing.*

## **THE EVENT**

1. Name of organization: \_\_\_\_\_
2. Address of organization: \_\_\_\_\_
3. Name of event (annual, quarterly, sales training, etc.): \_\_\_\_\_
4. Event date(s): Begins \_\_\_\_\_ Ends \_\_\_\_\_
5. Event location: \_\_\_\_\_
6. Event theme: \_\_\_\_\_

## **ED ROBINSON'S PRESENTATION**

1. Date that Ed is speaking: \_\_\_\_\_
2. Start time of presentation: \_\_\_\_\_ End time: \_\_\_\_\_
3. Room in which Ed is speaking: \_\_\_\_\_
4. Event function: General session keynote: \_\_\_\_\_ Concurrent session or breakout: \_\_\_\_\_  
Luncheon \_\_\_\_\_ After dinner \_\_\_\_\_ Other \_\_\_\_\_
5. What happens immediately before Ed speaks? \_\_\_\_\_
6. What happens immediately after Ed speaks? \_\_\_\_\_
7. Ed's presentation topic: \_\_\_\_\_
8. Name of person introducing Ed: \_\_\_\_\_
9. Best time for Ed to do AV check: \_\_\_\_\_
10. Speaker's attire: \_\_\_\_\_
11. What are the three most important objectives for Ed's presentation:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_

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c. \_\_\_\_\_

12. Are there any sensitive issues that should be avoided? \_\_\_\_\_

## **AUDIENCE PROFILE**

1. Approximate attendance: \_\_\_\_\_
2. Are spouses invited? Yes  No
3. Percentage of males/females: \_\_\_\_\_
4. Average age of audience: \_\_\_\_\_
5. Who will be attending (i.e., executives, managers, employees, customers, clients, etc.)?  
\_\_\_\_\_
6. List the top challenges of your organization: \_\_\_\_\_
7. In what way do you expect Ed to address those challenges? \_\_\_\_\_

## **GENERAL BACKGROUND INFORMATION**

1. What is the primary product or service that your organization sells?  
\_\_\_\_\_
2. Please provide a brief description of your organization:  
\_\_\_\_\_
3. Who is your organization's target market? \_\_\_\_\_
4. What term is used to refer to your customer (such as customer, patient, client, buyer, etc.)?  
\_\_\_\_\_
5. Is there any jargon that Ed should be familiar with (acronyms, titles, etc.)?  
\_\_\_\_\_
6. Who are your primary competitors? \_\_\_\_\_
7. In the last year, what have been the most significant changes that your industry has faced?  
\_\_\_\_\_

## **LODGING & GROUND TRANSPORTATION**

*Hotel reservations are to be made by the client and billed directly to client so that Ed Robinson does not have to utilize his credit card upon arrival (except for incidentals when necessary).*

1. Name of hotel: \_\_\_\_\_
2. Address of hotel: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. Confirmation # for Ed's reservation: \_\_\_\_\_
5. Date(s) of lodging: \_\_\_\_\_

## **AIR TRAVEL**

*Ed is responsible for his airline reservations. Client will be notified once flights are confirmed.*

1. Nearest airport: \_\_\_\_\_
2. Distance to hotel from airport: \_\_\_\_\_

## **GROUND TRANSPORTATION**

1. Distance of nearest airport to hotel: \_\_\_\_\_ miles
2. Ground transportation upon arrival in host city (from airport to hotel):  
Taxi  Shuttle Service  Arranged car or limo service 
  - a. If hired car, name of transportation company: \_\_\_\_\_
  - b. Telephone contact in event of emergency: \_\_\_\_\_
  - c. Confirmation #: \_\_\_\_\_
  - d. Will driver meet John at baggage claim or curbside? \_\_\_\_\_
3. Ground transportation from hotel to venue (if different from hotel): \_\_\_\_\_  
Time of pick-up from hotel: \_\_\_\_\_
4. Ground transportation from venue back to airport:  
Taxi  Shuttle Service  Arranged car or limo service 
  - a. If hired car, name of transportation company: \_\_\_\_\_
  - b. Telephone contact in event of emergency: \_\_\_\_\_
  - c. Confirmation #: \_\_\_\_\_

## **AUDIO VISUAL REQUIREMENTS for KEYNOTE PRESENTATIONS:**

The following are required:

- One hand-held cordless microphone
- One wireless lavalier microphone
- One mini jack (to allow for John to plug into the sound system with his laptop)
- The meeting room should be fully lit.

*If this is a concurrent session or training segment, the above requirements remain the same. In addition: please provide one flip chart and black marker.*

Have these arrangements been made? Yes  No

## **ED ROBINSON'S EXTENDED LEARNING MATERIALS (PRODUCTS)**

Ed has extended learning materials (CD sets, books, etc.) that he would like to make available for your audience after his presentation. He will be happy to autograph the books purchased and is available for photo opportunities with buyers and the audience.

May he be permitted to sell products? Yes  No

If yes, we can arrange this in two ways. Which do you prefer?

- 1. Group purchase in advance for each attendee at discount price.
- 2. Materials made available outside meeting room after presentation.

If 1, an invoice would be sent to you. The only additional charges would be shipping.

If 2, please make sure that:

- ◆ Nothing will be happening after presentation for at least 15 minutes
- ◆ A six-foot skirted table will be available either at the back of the room or outside the meeting room
- ◆ Someone from your group will be available to assist Ed.

Location to ship product, if applicable:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **KEY CONTACTS**

*These contact numbers (cell phones and on-site professionals) are to be used in case Ed has a question or concern or in the event of an emergency the day before or the day of the event.)*

Primary contact for Ed's appearance:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Office phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Primary **on-site** contact at the event:

Name: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Secondary **on-site** contact at the event:

Name: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

*End of questionnaire*