



Magic Performance Survey

This survey is intended to assist Michael Douglas in preparing for your event. Is to create a very memorable and enjoyable experience for your audience. To that end, please take a few moments to answer the questions that follow. Leave blank questions that do not pertain to your audience. Once completed, please return the survey to Michael via email. Thank you for your assistance in helping to make your event amazing.

Michael@MichaelDouglasMagic.com
804-852-6691

General Company Information

Official Company or Organization Name:

Other name or acronym the company or organization uses:

Mailing Address:

Phone: _____

Email: _____

Website: _____

Company Slogan:

Event Objectives

Event Theme:

Specific Presentation Title if any:

Date: _____ Event start time: _____

Michael's start time if different: _____ Length: _____

For all day training when do you prefer the breaks / lunch to occur?

What is on the program just before Michael presents?

Purpose of this event or meeting (*awards banquet, annual meeting, training, etc*)

Specific objectives for Michael's presentation?

What would make Michael's presentation really special for your audience?

What needs to happen as a result of Michael's involvement at the event for you to consider this event a success?

Sensitive issues that should be avoided?

Audience Profile

Number attending? _____ % Male _____ % Female _____

Age range _____ - _____ Avg Age: _____ Spouses attending? _____

Average Educational Background: _____

Job responsibilities of audience:

Average length of employment or association with company / group?

Please circle one:

Are attendees there **Voluntarily** or is it **Mandatory**?

Will the attendees have to
Pay Individually or is it **Company Sponsored**?

Dress code for attendees? _____

Usual dress code? _____

Other information you think Michael should know:

Background

Who are the other speakers in the program?

Speaker: _____

Topic: _____

Speaker: _____

Topic: _____

What speakers have you used in the past that covered topics similar to the presentation Michael will deliver for your audience?

Speaker: _____

Topic: _____

Speaker: _____

Topic: _____

Speaker: _____

Topic: _____

What did you like and or dislike about these presentations?
(Without their names, please comment on the material used.)

Name the key people that will be in Michael's audience.

Name: _____

Company: _____

Name: _____

Company: _____

Name: _____

Company: _____

Details About Your Audience

Recent Achievements?

Problems & Challenges?

Breakthroughs?

What separates your high performers from others?

Details About Your Organization

Recent Achievements?

Problems & Challenges?

Breakthroughs?

Significant events (mergers, relocations, awards, etc.)?

Details About Your Industry

Recent Achievements?

Problems Challenges?

Breakthroughs?

Logistics

Introducer's Name: _____ Title: _____

Note: Michael's introduction will be provided to you.
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 presentation be taped? Y/ N Audio? _____ Video? _____
(Please note that we will need to grant permission to record Michael's presentation.)

Depending on the program Michael is delivering he will make his educational material available to your audience, so they may continue the learning process after the presentation. There are two ways this can be arranged. Please circle the one that is the most appropriate for your audience.

1. Group purchase in advance for each attendee, at wholesale price.
2. Materials made available at the back of the room after the presentation.
 - If you pick option #2, please make sure that nothing will be scheduled immediately following Michael's presentation.

- A table will also be needed for Michael to place materials by the exit door.
- Michael may need someone to assist with sales.

Travel Information

Best airport for arrival: _____

Recommended Hotel: _____

Address: _____

Hotel Phone _____

How will Michael be transported from the airport to the hotel?

If picked up, company / contact name: _____

Phone _____

Venue name if different from hotel:

Address: _____

Phone: _____

Emergency Contacts:

Name_____

Business Phone_____

Mobile Phone:_____

Name_____

Business Phone_____

Mobile: _____

Name_____

Business Phone_____

Mobile_____

Thanks again for this opportunity to serve you.