

Mark McKenna Little

Pre-Program Questionnaire and Request For Necessary Documentations

(please print)

Name of Company/Organization: _____

Main Contact Person: _____ Co. Phone#: () _____

Logistics Contact Person: _____ Co. Phone#: () _____

Date of Program: _____ **Hotel Confirmation #** _____

Meeting Location: _____

Meeting Location Address: _____

Meeting Location Phone# () _____ Meeting Location Fax# () _____

Hotel or Meeting Site Coordinator: _____

The purpose of this questionnaire is to significantly increase the value of Mark Little's program for your event attendees. Please answer **all questions** as completely as possible for it **will have a vital impact on Mark's success at your event**. *If you are sponsoring an event, the questionnaire answers should relate to the company attending the above program.*

Mark asks that you please provide us with the following (9) printed information in order to help him better understand your company so he can tailor his presentation to your group. Please return this questionnaire with the requested materials.

(please check)

- 1. Newsletters (recent and past)
- 2. Complete **agenda** for this meeting
- 3. List of names, addresses & phone #s of all ATTENDEES
- 4. List of names, addresses & phone #s of all VENDORS/ SPONSORS
- 5. Past newspapers / magazine articles about your company / organization
- 6. Advertising, product/service literature and other promotional materials
- 7. Company "**Organizational Chart**" (include regional offices if applicable)
- 8. Copies of past programs and agendas from last year's meetings
- 9. Original copy of individual or various "**Client Profile / Factfinder**" that producers use

Note: Please put me on the mailing list to receive all future information. Thank you.

Please return the completed 6-page questionnaire directly to:

Mark McKenna Little (RapidResponse@TrustedAdvisorToolkit.com)
7660 Fay Avenue, H111
La Jolla, CA 92037

Direct Line & Fax: 888-467-8593

1. What is the meeting title or theme?

2. What do your producers call themselves? (ie: Financial Planners, Managers...)

3. What is the specific purpose of this meeting?

4. What are your objectives for this meeting?

5. What do you want Mark to achieve? *(Please be as specific as possible)*

6. What would make this presentation "really special" for your group?

7. Are there any sensitive issues which should be avoided?

8. Is there any recent bad press or good press? Please attach a copy.

9. What are the biggest challenges your organization is currently facing?

10. What are the 2 or 3 things your organization is most proud of?

11. What is the vision of the future for your company?

12. Who are your biggest competitors and what are their advantages/disadvantages?

13. Who is your primary market? (#1, 2, 3 in priority order) (ie: individual, group, business, high net worth, middle income, etc.)

Audience Analysis

14. Total Attending: _____ Males: _____% Females: _____%

15. Sales Producers: _____% Managers: _____% Executives: _____%

16. Staff Personnel: _____% Technical: _____% Spouse: _____%

17. Others: _____%

18. Age range from about _____ to _____ Personal income range? _____ to _____

19. Length of time in the business? _____ to _____

20. Average commission: per case? _____ per client (annually)? _____

21. Who is the top producer at this meeting? _____

22. What is the top producer's annual income? _____

23. Attendance is: Optional Mandatory

24. Does the company pay or attendees pay? Split? _____% Company _____% Attendees

25. Do attendees have to qualify to attend? Yes No

If yes, what are the qualifications? _____

26. What is your company's position on fee-based asset management?

27. What is the minimum level-of-production standard?

28. How long can a producer remain under contract at this production level?

29. Is there a requirement at your firm that your representatives have a financial plan and follow it in order to give advice to others?

30. Are there any other speakers on the program? Yes No
(Please send us a detailed attendee registration packet/ program along with this form)

31. Is this a periodic meeting? Yes No if yes, it is: Annual Quarterly Monthly

32. Best 3 presentations by other speakers and why liked?

33. What was the worst presentation and why?

Thank you for taking the time to provide us with the pertinent information needed to ensure that this session is the most valuable and successful it can be for your audience.

Your Name: _____ Title: _____ Date: _____

Activity Sheet

(part of the Pre-Program Questionnaire)

Company Name: _____

From: _____

1. Airport & meeting location information.

a. Name of closest airport? _____

b. Distance and/or time from airport to meeting site? _____

c. To and from meeting location (if it's not at the hotel) _____

2. What activity is taking place the night before Mark speaks? (ie: dinner) Please include location and time.

Location: _____ Time: _____

Activity: _____

3. What activity is taking place after Mark speaks? (ie: golf) Please include location and time.

Location: _____ Time: _____

Activity: _____

4. Meeting starts: _____
Day of week Month Date Time

5. Meeting ends: _____
Day of week Month Date Time

6. **Mark's speech***: _____
Day of week Month Date

_____ Start Time End Time Length of Speech

*** Please note that we rely on the above information in planning travel arrangements and accepting other engagements. Please be as accurate as possible.**

7. Who should Mark contact when he arrives at the meeting location?

Person's Name: _____

8. Hotel Contact Name for Audio/Visual setup: _____
(please give him or her the enclosed copy of Mark's A/V Room Set-Up Requirements sheet)

9. Who will introduce Mark?

Name: _____ Title: _____

Programming

11. Who precedes Mark Little? _____

12. Who follows him? _____

Production

13. Are you using a production company? _____ (if yes, please give name of company contact, and phone# so that we can coordinate audio/video/sound.)

14. Will you be creating a floor plan? _____ If yes how soon will it be available?

Visuals

15. Are you providing image magnification? _____

16. How many screens? _____

17. Are you using:
electronic graphics YES / NO If yes, what type? _____

overhead projector/foils YES / NO If yes, what type? _____

35mm slide: YES / NO If yes, what type? _____

computer generated slides/graphics YES / NO If yes, what type? _____

rear screen projector YES / NO If yes, what type? _____

18. What type of lighting is provided _____

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Or Fax To: 888-467-8593

7660 Fay Ave, H111

La Jolla, CA 92037

Phone 888-467-8593

Thank you very much for your assistance!