

WILLIE JOLLEY WORLDWIDE

Pre-Program Questionnaire

WE REQUEST THIS INFORMATION TO HELP WILLIE JOLLEY PREPARE HIS PRESENTATION/PROGRAM(S) TO MEET YOUR ORGANIZATION'S GOALS AND NEEDS. PLEASE COMPLETE AND RETURN THIS FORM ALONG WITH ANY ADDITIONAL MATERIAL YOU BELIEVE WILL HELP US KNOW YOU BETTER!

SEND YOUR QUESTIONNAIRE AND RELATED MATERIAL VIA EMAIL TO: INFO@WILLIEJOLLEY.COM FAX: 202-722-1180. MAIL: P.O. Box 55459, WASHINGTON, DC 20040.

ORGANIZATION'S OFFICIAL NAME

WEBSITE: WWW. _____

SPECIFIC DIVISION OR GROUP: _____

MEETING PROFESSIONAL

NAME: _____

TITLE: _____

OFFICE PHONE: ____ - _____ EXT: ____

CELL PHONE: ____ - _____

EMAIL: _____@_____

MEETING LOGISTICS

PROGRAM DAY OF THE WEEK (PLEASE CHECK ONE):

SUN _MON_ _TUE_ _WED_ _THU_ _FRI_ _SAT

PROGRAM DATE: __/__/__ PROGRAM START TIME: __ AM/PM

MEETING SITE

NAME: _____

PHONE: ____ - _____ BUS. CENTER PHONE: ____ - _____

ADDRESS: _____

CITY/STATE/ZIP: _____

WILLIE JOLLEY WORLDWIDE

MR. JOLLEY'S 1ST PRESENTATION/PROGRAM

START TIME: ___/AM/PM TOTAL MINUTES ___
MEETING ROOM NAME: _____ LEVEL/FLOOR: _____
TOPIC/TITLE: _____

IF APPLICABLE...

MR. JOLLEY'S 2ND PRESENTATION/PROGRAM

START TIME: ___/AM/PM TOTAL MINUTES ___
MEETING ROOM NAME: _____ LEVEL/FLOOR: _____
TOPIC/TITLE: _____

PROGRAM

MEETING THEME: _____

MEETING PURPOSE(S): _____

MEETING GOAL(S): _____

SPECIFIC GOAL(S) FOR MR. JOLLEY'S PRESENTATION/PROGRAM:

HOW WILL YOU KNOW WHEN MR. JOLLEY HAS ACHIEVED YOUR
GOAL(S)? WHAT WILL IT LOOK LIKE?

THE AUDIENCE/PARTICIPANTS

DEMOGRAPHICS:

SIZE OF AUDIENCE: _____ MEN%: _____ WOMEN%: _____
AGE RANGE __ TO __ SPOUSES PRESENT: __ YES __ NO

WILLIE JOLLEY WORLDWIDE

DESCRIBE THE PROFILE OF YOUR ORGANIZATION. WHO IS YOUR TARGET MARKET? YOUR CUSTOMER?

WHAT IS YOUR MEETING ATTENDEE PROFILE I.E. TITLES, NATURE OF THEIR WORK?

LIST THREE (3) IMPORTANT THINGS MR. JOLLEY SHOULD KNOW ABOUT THIS AUDIENCE:

- A. _____
- B. _____
- C. _____

STATE WHAT YOU ARE MOST PROUD OF AS IT RELATES TO THIS AUDIENCE:

WHAT ARE SOME SPECIFIC EXAMPLES OF WHAT YOUR PEOPLE (OR YOU) DO THAT GO "BEYOND THE CALL OF DUTY" IN THE AREA WILLIE IS DISCUSSING? PLEASE LIST ANY NAMES I MAY USE AS EXAMPLES:

WHO IN THE AUDIENCE SHOULD WILLIE TAKE SPECIAL NOTE OF AND WHY?

BACKGROUND

WHAT IS THE BIGGEST FRUSTRATION YOU FACE ON YOUR JOB

WILLIE JOLLEY WORLDWIDE

(OR THEY FACE ON THEIR JOB) THAT RELATES TO WILLIE'S TOPIC?

DISCUSS THE BIGGEST CHALLENGE FACING THIS AUDIENCE AND THIS INDUSTRY NOW:

WHAT THOUGHTS WOULD YOU LIKE CONVEYED BY MR. JOLLEY TO YOUR AUDIENCE I.E. MAIN CONCEPT, INFORMATION, "HOW-TO KNOWLEDGE," ETC.? AND HOW DO YOU WANT THE ATTENDEES TO FEEL AFTER HEARING HIS PRESENTATION?

HOW WILL YOU EVALUATE THE SUCCESS OF MR. JOLLEY'S PROGRAM?

WHAT HAPPENS BEFORE MR. JOLLEY SPEAKS?

AFTER MR. JOLLEY SPEAKS?

ARE THERE ADDITIONAL ACTIVITIES YOU WISH MR. JOLLEY TO PARTICIPATE IN? ___ YES ___ NO

IF YES, DETAILS

WILLIE JOLLEY WORLDWIDE

PLEASE PROVIDE CONTACT INFORMATION FOR INDIVIDUAL WHO CAN DISCUSS WITH MR. JOLLEY ISSUES, CHALLENGES, SOLUTIONS AND GOOD NEWS! FOR EXAMPLE: CEO, VPS, HR DIRECTOR, ETC. (NAME, TITLE, EMAIL, PHONE)

PLEASE LIST OTHER OUTSIDE PRESENTERS FOR THIS EVENT:

WHO WERE THE SPEAKERS FOR THE LAST TWO YEARS? WHAT DID YOU LIKE MOST AND LEAST AND WHY?

ADDITIONAL LOGISTICS

MEETING ROOM STYLE: THEATRE CLASS ROOM
 OTHER (DESCRIBE) _____.

AUTOGRAPH TABLE LOCATION:

NAME OF HELPER IF NEEDED: _____

SOUND CHECK: DATE: ___/___/___ TIME: ___AM/PM

ON-SITE MEETING CONTACT:

CELL: ___ - _____ OFFICE: ___ - _____

WILLIE JOLLEY WORLDWIDE

INTRODUCER: _____

CELL: ___ - _____ OFFICE: ___ - _____

ON-SITE A/V CONTACT: _____

CELL: ___ - _____ OFFICE: ___ - _____

ON-SITE ROOM SETUP CONTACT: _____

CELL: ___ - _____ OFFICE: ___ - _____

TRAVEL INFO

SUGGESTED DATE FOR WILLIE JOLLEY'S ARRIVAL
IN THE EVENT CITY: ___/___/___.

AIRPORT WILLIE JOLLEY FLIES INTO:

AIRPORT NAME: _____

CITY/STATE: _____

PERSON MEETING WILLIE WITH A "JOLLEY" SIGN AT AIRPORT:

NAME _____ CELL: ___ - _____

CAR SERVICE: _____

CELL: ___ / _____

PLEASE CHECK ONE:

PICKUP @: ___ BAGGAGE CLAIM ___ GATE ___ CURB ___ OTHER

EXPLAIN "OTHER" _____

HOTEL LODGING INFORMATION

PLEASE BILL HOTEL TO YOUR MASTER ACCOUNT

WILLIE JOLLEY WORLDWIDE

HOTEL NAME WHERE WILLIE JOLLEY STAYS: _____

NUMBER OF NIGHTS LODGING: _____
CHECK-IN DATE: ___/___/___ CHECK-OUT DATE: ___/___/___
CONFIRMATION #: _____

HOTEL ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
PHONE: ___ - _____

REMINDERS:

- ❑ USE OF WILLIE JOLLEY'S LIKENESS AND MATERIALS FOR PROMOTIONAL PURPOSES ARE ENCOURAGED AFTER DEPOSIT IS RECEIVED!

AUDIO VISUAL NEEDS

- ❑ DVD INTRODUCTION RECOMMENDED FOR AUDIENCES OVER 500 PEOPLE (SUPPLIED)
- ❑ SHURE WIRELESS LAVALIERE SYSTEM, OR PUBLIC ADDRESS SYSTEM WHERE WILLIE JOLLEY'S HEADSET CAN PLUGGED IN. HE BRINGS HIS OWN HEADSET TO ATTACH TO THE SYSTEM!
- ❑ A SOUND CHECK AT LEAST 45 MINUTES BEFORE AUDIENCE IS SCHEDULED TO ARRIVE.
- ❑ CALL WILLIE JOLLEY'S OFFICE AT 800-487-8899 OR 202-723-8863 WITH ANY REQUESTS OR QUESTIONS. SPEAK WITH DEE TAYLOR-JOLLEY OR CHERYL RAGIN.
- ❑ PROVIDE A SKIRTED AUTOGRAPH TABLE FOR BOOK SIGNING.
- ❑ VIDEO OR AUDIO TAPING IS ALLOWED WITH THE FOLLOWING STIPULATIONS:
 1. IF ARCHIVAL ONLY, 2 MASTER COPIES PROVIDED TO WILLIE JOLLEY (WITH NAME/EMAIL/PHONE OF VIDEOGRAPHER, SO THAT OUR OFFICE CAN FOLLOW UP)

WILLIE JOLLEY WORLDWIDE

2. **IF FOR RESALE, 2 MASTER COPIES PROVIDED TO WILLIE JOLLEY (WITH NAME/EMAIL/PHONE OF VIDEOGRAPHER, SO THAT OUR OFFICE CAN FOLLOW UP) AND ONE TIME FEE PAYMENT OF \$1500.00 FOR RIGHT TO SALE.**

- **ALL INFORMATION IS HELD IN THE STRICTEST OF CONFIDENCE!**
- **SCHEDULE AND HAVE CONVERSATION WITH WILLIE JOLLEY, AT LEAST 5 BUSINESS DAYS BEFORE EVENT TO REVIEW QUESTIONNAIRE, YOUR VISION, GOALS, CONCERNS AND EXPECTED OUTCOMES!**

###