

Willie Jolley Worldwide Pre-Event Questionnaire

We are requesting information to help Dr. Willie Jolley prepare his presentation to meet your organization's specific goals. Your information is held in strict confidence. Please return your information at least 14 business days before your event, via **email: info@williejolley.com or fax: 202-722-1180. Thank you so much!**

Organization's Official Name:

Website:

Division or Group:

Primary Meeting Planner

Name:

Title:

Office Phone:

Cell Phone:

Email:

Marketing Support for Your Program:

We could help you market your event with:

1. Video promo
2. Article for publication
3. Radio/TV interview
4. Other:

We want to work with you to implement your choice.

Meeting Logistics:

Program Day of the Week:

Program Date: Program Start Time:

Meeting Site:

Hotel/Resort/Center:

Address:

City: State: Zip:

Main Phone:

Dr. Jolley's Presentation:

Presentation Start Time: Total Minutes:

Presentation Name/Topic:

Meeting Room Name:

Level/Floor:

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Program Details:

Theme:

Meeting Purpose:

Specific goal(s) for Dr. Jolley's presentation/program:

How will you know when Dr. Jolley has achieved your goals? What will it look like?

List three (3) important things Dr. Jolley should know about your group?

What are you most proud of as it relates to your group?

What is the biggest challenge facing your group?

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What thoughts would you like Dr. Jolley to express to your group i.e. main concept, information, "how-to knowledge", etc.? And how do you want the attendees to feel after hearing his presentation?

Are there additional activities you wish Dr. Jolley to participate in?
__Yes __no

If yes, please provide details: _____

Audience Demographics:

Size of audience _____ %men _____ % women: _____
Age Range ___ to ___ Spouses present: __yes __no

Describe the profile of your organization. Who is your target market...
your customer?

Event Logistics:

Sound Check Date: _____ Time ___ am ___ pm

Name of On-site meeting contact:

Cell Phone: _____

Name of On-site Audio contact:

Cell Phone: _____

Name of Dr. Jolley's introducer:

Cell Phone: _____

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Travel Logistics:

Closest City to fly into from Washington, DC:

City: _____ State: _____
Arrival Date: _____. Approx. arrival time ___am ___pm

Person who meets Dr. Jolley at airport with a "Jolley" sign:

Name _____ Cell: ____/_____
or Car Service: _____ Cell: ____/_____
Pickup Location: ___baggage claim ___ gate ___curb ___other
Explain "Other" _____

or Hotel/Airport Shuttle Service Info:

Name: _____. Phone ____

Lodging Logistics:

Bill room to Client's Corporate Account

Is hotel same as meeting site? ___yes ___no

Hotel Name: _____
Address: _____
City/State/Zip: _____
Number of nights lodging: _____
Check-in Date: _____ Check-out Date: _____
Confirmation #: _____
