

# ARSEN S MARSOOBIAN CLU. PRE-PROGRAM QUESTIONNAIRE

EVENT TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

EVENT TIME: \_\_\_\_\_

## THE PROGRAM

1. What is the conference/meeting theme? \_\_\_\_\_

\_\_\_\_\_

2. What is the specific purpose of this meeting? (Annual event, Awards Banquet, training session) \_\_\_\_\_

3. What are your specific objectives for this event?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

4. Other speakers or events

5. Time of presentation. Start: \_\_\_\_\_ End: \_\_\_\_\_ Length of Q&A (if any)  
\_\_\_\_\_ (included in above times).

6. Are you planning to audio and/or video tape the presentation?

Audio? \_\_\_\_\_ Video? \_\_\_\_\_

What will the tapes be used for?

\_\_\_\_\_

***Please remember, you must received written permission from us to do so.*** Are you requesting permission now or have you already done so? Requesting have sent copy of release form from TV station to do filming \_\_\_\_\_

7. Which speakers have you used in the past for a similar event?

\_\_\_\_\_

8. With your permission, we would like two contact persons Arsen can personally speak to for more information.

Name \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Title \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

Name \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Title \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

9. Is the event \_\_\_\_\_ private or \_\_\_\_\_ open to the public?

## AUDIENCE INFORMATION

1. Number of attendees? \_\_\_\_\_ Are spouses invited? \_\_\_\_\_  
Percentage male/female? \_\_\_\_\_ Average age \_\_\_\_\_  
Ethnic make-up?  
\_\_\_\_\_

2. Who will be attending this event \_\_\_\_\_  
\_\_\_\_\_

3. What are the names and titles of your top executives who will be at the meeting?

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

4. Is there anything Arsen should know about the audience before addressing them?

---

---

## GENERAL BACKGROUND INFORMATION

1. What is the purpose/mission of your organization?

---

---

2. Is there a shared concern by the audience and, if so, what is it?

---

---

3. What is the greatest challenge they are currently facing?

---

---

4. What are the most significant events that have occurred in your industry, organization or group during the past year?

---

---

## ADDITIONAL INFORMATION

1. Contact person at the event? \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

2. If there is an emergency during traveling, who should be contacted?

Name:

Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

Emergency Back-up:

---

3. Event location: \_\_\_\_\_

4. Event room: \_\_\_\_\_

5. Distance from hotel: \_\_\_\_\_ Distance from airport: \_\_\_\_\_

**6. Audio/visual requirements confirmed:**

Arsen requires a lavalier or wireless Microphone, and a lighted podium or Music Stand. Have these arrangements been made? \_\_\_\_\_

**5. Hotel where Arsen will be staying (if different from above). Room should be a suite, or a junior suite, charged to the master account for room and tax, and a regular room for assistant, if required.**

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

Fax: \_\_\_\_\_

Distance from airport: \_\_\_\_\_

Confirmation # \_\_\_\_\_

**Person picking up and returning Arsen to airport (if required):**

Company: \_\_\_\_\_

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

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

Will driver meet Arsen at the Baggage Claim? \_\_\_\_\_ Or Curbside? \_\_\_\_\_

Driver needs to have a sign that says "Papa Soob."

<b>PRODUCT</b>
----------------

Arsen has product he would like to make available for your audience after his presentation. Arsen will be happy to autograph the product and is available for photo opportunities with buyers.

May he be permitted to sell products? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_ A. Group purchase in advance for each attendee at discount price.

\_\_\_\_\_ B. Materials made available outside meeting room after presentation.

If A, an invoice would be sent to you. Only additional charges would be shipping.

If B, please make sure that:

- ◆ Nothing will be happening after presentation for at least 15 minutes
- ◆ A table and chairs will be made available outside the meeting room
- ◆ Someone from your group will be available to assist speaker

Location to ship product, if applicable:

\_\_\_\_\_  
ATTN: \_\_\_\_\_

Phone: \_\_\_\_\_ (C) \_\_\_\_\_

Fax: \_\_\_\_\_

**THANK YOU!**

**Please return to: Soob Enterprises LLC ,  
1247 E. Foxhill Drive #138  
Fresno CA.93720  
1-800-000-0000**

**For our files: Your email address** \_\_\_\_\_

\_\_\_\_\_

**Your website address** \_\_\_\_\_