Thank you in advance for taking the time to complete the event & logistics planning questionnaire. Please fill in the information below and return no later than 30 days prior to your event start date. If you have any questions, please contact Michele Lucia at mlucia@adlspeakers.com or 214.543.0844.

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| **ORGANIZATION OVERVIEW & HISTORY**  |
| Name of organization:  |  |
| Address: |  |
| Brief description of organization: |  |
| Please share and/or attach information that will help Kevin better know your organization and connect with your audience (i.e., mission statements, core values, recent news): |  |
| Are there any sensitive issues you would like Kevin to be aware of or “hot topics” to avoid? |  |
| Are there any specialty terms, jargon, or industry speak? |  |
| Who are your biggest competitors? |  |

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| **CONTENT OVERVIEW** |
| Presentation date:  |  |
| Time and duration of presentation: |  |
| Virtual event title: |  |
| What is the theme for your event? |  |
| Please explain the significance in choosing this theme and the reason it was chosen: |  |
| Number of expected attendees & attendee profile:  |  |
| Please provide names of any additional speakers that will present at your event: |  |
| At the conclusion of Kevin’s presentation, what would you like your attendees to think, feel, and do? | Think: Feel: Do:  |

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| **PROGRAM INFORMATION** |
| Is this presentation live or pre-recorded? |  |
| If your event is LIVE please fill in the information below: | If your event is PRE-RECORDED, please fill the information below: |
| What is the platform/service that will host the event?  |  | What is the due date for Kevin’s pre-recorded presentation? |  |
| What is the log in link and password: |  | Note:We will deliver the pre-recorded video in a downloadable mp4 format. |
| Production company information: | Company name: |
|  |
| Email: |
|  |
| Cell phone: |
|  |
| Note: Kevin does not require a rehearsal. He works with a professional studio; however, if a rehearsal is required, please indicate that in this questionnaire. We will do our best to coordinate with the studio to find a mutually agreed upon date and time. |

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| **KEY CONTACT INFORMATION** |
| Primary contact: | Name:  |  |
| Title:  |  |
| Email: |  |
| Cell Phone:  |  |
| Virtual moderator:  | Name: |  |
| Title: |  |
| Cell phone:  |  |
| Who will be introducing Kevin Brown? | Name: |  |
| Title: |  |

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| **SOCIAL MEDIA AND MARKETING INFORMATION** |
| Do you have a website set up for this event? If yes, please share website link: | [ yes / no ] |
|  |
| Please share any social handles/ hashtags below if you are promoting your event |
| Facebook: | Linkedin: |
|  |  |
| YouTube: | Other: |
|  |  |

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| **BOOK ORDERING & SIGNING INFORMATION** |
| Would you like to order copies of Kevin’s book “Unleashing Your Hero” for your event?If “yes”, who should we contact for quantity, shipping, and invoicing? | [ yes/ no ]  |
| Name:  |  |
| Phone: |  |
| Email: |  |
| Kevin is happy to autograph books once he is on site. It would be helpful to have the books in a designated area, and if possible, to have them unpacked.  |

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| **ACTION ITEMS NEEDED** |
| * Sign and return Kevin’s Video Release Form with the questionnaire if you are recording.
* Attach a full-color, transparent company or event logo in a EPS or PNG (at least 700px wide or tall) with the questionnaire if you would like Kevin to brand his presentation.
* Attach a copy of the virtual event agenda/ schedule with your completed questionnaire.
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