

EXPERIENCE EXCELLENCE WITH TALENT CONCIERGE



Pre-Program Questionnaire

We are Talent Concierge®, a talent management, media, and branding agency representing **Meagan O’Nan**. We work with speakers who contribute a meaningful approach to your event’s success. For this to happen, it is important that we receive as much information as possible about your organization and event so we can support you and prepare **Meagan** to create the best presentation to fit your specific needs.

Help us help you by completing this questionnaire and return with any additional marketing and/or promotional materials (program/event brochure, newsletters, invitations, press kits, etc.) prior to your **first conference call with a member of the Talent Concierge® team**. If your promotional material is not available, please complete this questionnaire as thoroughly as possible and follow up with additional information when applicable. We know your time is valuable and appreciate your attention to detail.

PLEASE NOTE: The information provided should reflect any information listed on the speaker’s agreement. Any change or addition on this form does NOT constitute a change to the contract and MUST be requested and approved in writing by an authorized representative of Talent Concierge®. Once your completed questionnaire is received, we will schedule a call to discuss this and any other questions you may have. At that time, we will also schedule an additional call for you to personally meet our Talent to review any last-minute logistics our speaker should be aware of prior to arriving at the venue. Thank you for your help in making your event a success!

Organization: _____

Address: _____

Website: _____

Date of the Program: _____

Is the conference LIVE, Virtual, or Hybrid? _____

For Virtual events, please attach separately the logistics for rehearsal and contact information for your tech team.

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1. Primary contact prior to event:

Name: _____ (Print) Title: _____

Office Phone: _____ Cell: _____

E-Mail: _____

2. Primary contact during the event (if different than above):

Name: _____ (Print) Title: _____

Cell: _____

E-Mail: _____

LOGISTICAL INFORMATION

1. What is the conference/event theme or focus? _____
2. What is happening immediately BEFORE **Meagan O’Nan’s** presentation? _____
3. What is happening immediately AFTER **Meagan O’Nan’s** presentation? _____
4. What speakers/presenters have presented for you in the past? _____
5. Who else is speaking/presenting at this event? _____
6. How long is **Meagan’s** program? _____

AUDIENCE PROFILE

7. Number attending the program: (Estimate) _____. % male _____ % female _____
8. Average age: _____ Age range: _____
9. Who will be attending (i.e., executives, managers, employees (staff), customers, clients)? _____

10. Anything else we should know about this audience? _____

ORGANIZATION OVERVIEW

11. Please provide a brief description of your organization (primary product or service, most important benefits you offer your customers/members, unique features of your service, major competitors, major strengths/weaknesses, major competitors, etc.): _____

12. Who is your organization’s target market? _____

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MEAGAN O'NAN'S PROGRAM

13. What are your three most important objectives for **Meagan's** presentation?

1. _____
2. _____
3. _____

14. What ideas/skills do you want your group to retain from **Meagan's** presentation?

15. Would you like **Meagan** to provide you with some free articles and videos that you could share with your audience for several weeks after the event to ensure longer-lasting results? _____

16. Rank in order of importance to your audience: entertainment, content, inspiration.

1 - _____ 2 - _____ 3 - _____

17. Check the top three (3) areas you would like **Meagan** to integrate into his presentation:

- | | | |
|----------------------------|------------------|-------------------|
| _____ Personal Development | _____ Inclusion | _____ Performance |
| _____ Connection | _____ Purpose | _____ Teamwork |
| _____ Diversity | _____ Leadership | _____ Other |

Return completed form by email to:

hello@talentconcierge.co

Questions: 570.906.4395

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Meeting Location

Name of Venue _____

Presentation Room _____

Address _____ City _____ Zip Code _____

Venue Phone _____

Directions from Hotel to Meeting Location

Estimated Travel Time from Hotel

Please return the completed Travel Logistics pages

Hotel information and Speaking Location specifics to

hello@talentconcierge.co

**Subject: [Conference Name], Date of Conference, Speaker's Name
no later than 20 Days prior to start of the Conference. Thank you**

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Hotel Information

Hotel arrangements are to be secured by [Conference Management]. A non-smoking room guaranteed for late arrival should be billed directly to [Conference Management] unless otherwise specified. If there is a choice, **Meagan** prefers Hilton Properties because of their frequent stay program. **Meagan's** Frequent stay number is below when making the reservation. Talent prefers two beds in a room close to but not near to the elevator.

Meagan's First Choice is Hilton Properties: they include Homewood Suites, Home 2 Suites, Hilton Garden Inn, Embassy Suites, Hampton Inn, Waldorf Astoria, DoubleTree, Curio Collection, Tru, Motto, Tempo, Signia, Conrad, Canopy, and LXR.

Meagan's Hilton Rewards Number is 326228085).

If a Marriott is not an option, **Meagan** is happy to stay wherever it is most convenient for you. Please fill in the hotel information field and return it to hello@talentconcierge.co.

Hotel:

Address:

City:

State - Zip

Hotel Phone:

Confirmation #:

Nearest Airport:

Dates of Reservation: Arrival

Departure

Name of person **Meagan** should contact in an emergency:

Cell phone number:

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Arrival Procedure (*choose one*)

- Meagan** should take the Hotel Shuttle from the airport.

Shuttle Phone number:

- We will pick up **Meagan** at the airport. **Meagan's** cell phone number is +1 662.312.3854

Location (i.e. baggage claim, outside, etc.)

Name of person picking up **Meagan**:

Cell phone:

Make and Color of car:

- Meagan** should rent a car, with all expenses to be reimbursed. Please provide directions and an estimated travel time for **Meagan**.

Thank you for completing and submitting this questionnaire.
It helps us help you create an experience with Excellence.

Please return the completed Travel Logistics pages

Hotel information and Speaking Location specifics to

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**Subject: [Conference Name], Date of Conference, Speaker's Name
no later than 20 days prior to the start of the Conference. Thank you**