
Please remember that you must receive written permission from us to do so. Are you requesting permission now or have you already done so? _____

7. Which speakers have you used in the past? _____

8. What did you like or dislike about them? (You don't have to use names) _____

9. With your permission, we would like two movers/shakers in your organization Tray can personally speak to for more information.

Name _____

Phone: Work _____ Home _____ Cell _____

Name _____

Phone: Work _____ Home _____ Cell _____

10. What would make this presentation really special for your group? _____

11. IF YOU ARE A HOSPITAL – What is your Medicare Blended Rate?

This will graphically demonstrate the cash value of "words" to physicians. (Your CFO or a DRG coordinator would know the number. It's a dollar amount generally between \$3,500 and \$5,000.) Blended Rate \$ _____

AUDIENCE INFORMATION

1. Number of attendees? _____ Are spouses invited? _____
Percent physician/non physician? (each program) _____
Ethnic make-up – is English audience's native language? _____

2. Who will be attending this event (physicians, executives, managers, employees, clients, community, etc.) _____

3. Will there be any "special guests" at the program? Please explain _____

4. Is audience attendance voluntary or mandatory? _____

5. Any "seeds" you would like Tray to plant? _____

6. What are the names and titles of your top executives, *or people to poke fun at*, who will be at the meeting?

A. _____

B. _____

C. _____

7. Is there anything Tray 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: Work _____ Home _____ Cell _____

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

Phone: Work _____ Home _____ Cell _____

Emergency Backup: _____

3. Event location _____

Phone _____ Fax _____

Event Room _____

Distance from hotel _____

Distance from airport _____

4. Audio/visual requirements: A/V requirements and options can be found on the website www.TrayDunaway.com under the Program Coordinator page. We will be pleased to contact the A/V technicians to minimize technical gremlins...give us a name and phone number

5. Hotel where Tray will be staying (if different from above) _____

Phone _____ Fax _____

Distance from airport _____

Confirmations # _____

6. How would you like Tray to get from the airport to the...

Hotel _____

Hotel to speaking location _____

Speaking location to hotel/airport _____

Educational Materials Available

Depending on the program, Tray may have educational materials he would like to make available for your audience after his presentation. If appropriate, he will be happy to autograph and personalize the materials. May he be permitted to sell products? Yes _____ No _____

If yes, we can arrange this in a number of ways that can benefit your group. Please call us to explore options.

THANK YOU!!!!!!

How did you hear about Dr. Dunaway? _____

For our Files: Your email address _____

Your website address _____

Is there anything else you think Dr. Dunaway should know about you or your organization?

Also, please send us any printed information on your group that may help Dr. Dunaway better know your organization -- Corporate report, Newsletters, Brochures, or other publications. *Thanks so much.*