



# Shane D. Shereck

**Professional Motivational Speaker**

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## ENGAGEMENT FORM

Please complete the following form.  
Leave blank any items or answers that do not apply.  
Please feel free to include notes or comments.

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## Pre-Engagement Questionnaire

### A. Organization / Company Information:

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### B. Presentation Agenda & Content:

Program Title: \_\_\_\_\_ Date: / / \_\_\_\_\_

Start Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

1. Please select the desired presentation(s):

- Never Give Up
- Signs to look for in adults, children and students

2. Please select presentation format(s):

- Keynote
- Breakout
- Other: \_\_\_\_\_

3. Is there a theme for this presentation or conference? (If so, please describe)

4. What are the objectives or expected outcomes of the presentation?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

5. In order of importance, please identify what you expect from Shane's presentation:

1= "Most important" 5= "Least important"

- |                         |                          |                           |
|-------------------------|--------------------------|---------------------------|
| _____ Teach new skills  | _____ Influence Attitude | _____ Generate enthusiasm |
| _____ Motivate audience | _____ Change behaviors   |                           |

6. What are three primary things Shane should know about this audience before addressing them?

1.

2.

3.

7. Audience Profile:

Please describe the anticipated audience as accurately as possible:

a. Expected number of participants attending: \_\_\_\_\_

b. Gender percentages: Male: \_\_\_\_\_% Female: \_\_\_\_\_%

c. Average age of participants: \_\_\_\_\_ years

d. Age range of participants: From: \_\_\_\_\_ years to: \_\_\_\_\_ years

f. Income range of participants: From: \$ \_\_\_\_\_ K to: \$ \_\_\_\_\_ K

g. Compensation structure (please check all that apply):

Hourly       Salary       Commission       Bonus Structure       Other Incentives

h. Educational background of participants (please check all that apply):

Post-graduate degrees       Undergraduate Degrees       Some College  
 Specialized Technical or Vocational Training       High School Graduates

8. What are the major job responsibilities of the audience?

9. What are the primary products and/or services that your organization provides?

10. What are two of the most important benefits your products/services provide to consumers?

1.

2.

11. To assist us in customizing Shane's presentation to your unique audience, please provide the following (if appropriate):

a. Significant Industry Trends and/or Statistics:

b. Terminology specific to this audience:

12. Who could Shane speak with by phone to further tailor his presentation to your audience?

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

Office Phone: (    )                      Ext:                      Other Phone: (    )

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

Office Phone: (    )                      Ext:                      Other Phone: (    )

13. Are other speakers presenting at this event? If so, what are their names and topics?

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

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

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

14. What takes place immediately before and after Shane's presentation (e.g., another speaker, meal function, break, etc.)?

Before:

After:

15. Are there any sensitive issues or topics to be avoided? (If yes, please describe)

16. What is the appropriate dress attire for this presentation?

### C. Logistics:

1. Location of the presentation: \_\_\_\_\_

a. Facility Name: \_\_\_\_\_ Room: \_\_\_\_\_

b. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) Ext: Fax: ( )

2. What are Shane's transportation arrangements between the airport and presentation site?

Type:	Details:
Rental Car:	_____
Shuttle:	_____
Pick-Up:	_____
Other:	_____

3. If the presentation site is not at Shane's hotel, please provide the following accommodations information:

Hotel Name: \_\_\_\_\_ Room: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: ( ) Fax: ( )

4. If any issues or emergencies occur enroute to the presentation, who should Shane contact:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: ( ) Ext: Other Phone: ( )

### D. Additional Materials:

1. Please provide us with any printed material that might help Shane to better understand your organization:

Mail Address:

Shane Shereck

411 Arbor Ct

Grafton, ND 58237

E. Notes, Requests or comments:

**AGREEMENT TO ENGAGE SHANE SHERECK**

. This agreement / contract is between Consultant: Shane Shereck

. And the Client: \_\_\_\_\_

The client wishes to retain the services of Shane Shereck to deliver a presentation in the form of which of the following:

KEYNOTE                      BREAKOUT                      OTHER

Date: \_\_\_\_\_

Program Time: \_\_\_\_\_

Program Location: \_\_\_\_\_

Program Title: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Shane Shereck agrees to present to the best of his ability. He also agrees to coordinate the details of this program with the client in order to achieve the outcomes that the client has stated. The client agrees to not duplicate the learning materials provided by Shane Shereck (if any), and to provide the room setup and audio / visual equipment described on Shane Shereck's website.

In exchange for the services provided, the Client agrees to compensate Shane Shereck as follows:

Professional Fee: \$ \_\_\_\_\_ – Speaking Fee – \_\_\_\_\_ minutes

**PLEASE INITIAL AFTER EACH PARAGRAPH.**

Balance: Client agrees to pay the balance on the date of the presentation.

Other: After the presentation, we would sincerely appreciate it if you could provide us in writing with any audience feedback or comments that we can share with potential clients. Video or audio recording of this presentation in any form requires advanced approval from Shane Shereck.

In the event the client makes any change in the program date as shown above, the deposit sum will be retained by Shane Shereck and applied to any future presentations or consulting assignment for a period of one year from the date the consultant was notified of the change. In addition, if the change is made within 30 days of the program date, client shall be responsible for reimbursing all costs incurred by the consultant related to the presentation.

The consultant and the client have the right to have anyone removed from the presentation for outbursts or any other disruption that may lead to a negative experience for all.

The client agrees not to audio or video tape the presentation without prior written agreement.

This constitutes the entire agreement between the parties.

---End of agreement / contract.

This agreement is accepted on behalf of:

The Client: \_\_\_\_\_

Title(s): \_\_\_\_\_

Date: \_\_\_\_\_