## Speaker Information Form for Dr. James Canton

Please return this form as soon as possible to ensure a presentation that runs smoothly and meets your goals

| your goals.                                |                     |
|--|---------------------|
| Company or Organization:                   |                     |
| Name of Event:                             |                     |
| Date of Event:                             |                     |
| Time of Event:                             |                     |
|  |                     |
|  |                     |
|  |                     |
| LODGING (We, as the client, are making res | servations for you) |
| Hotel Name:                                | Phone:              |
| Address:                                   | Fax:                |
| Check-in Date:                             | Check-out Date:     |
| Confirmation #:                            | _                   |
|  |                     |
|  |                     |
| LOCATION OF EVENT                          |                     |
| Hotel Name:                                | Room Name:          |
| Name and Location                          | Travel Time         |
| of Event Site:                             |                     |
| Location Phone:                            |                     |
| Location Fax:                              |                     |
| Contact:                                   | -                   |
| Additional Information:                    |                     |
| Additional information.                    |                     |

## AUDIENCE / PRESENTATION GOALS

|           | Name              | Title                   | Address                     | Phone  |
|-----------|-------------------|-------------------------|-----------------------------|--------|
| Plea      | se indicate any   | specific VIPs or key e  | xecutives in attendance.    |        |
|           | Name              | Title                   | Address                     | Phone  |
|           | Name              | Title                   | Address                     | Phone  |
|           | Name              | Title                   | Address                     | Phone  |
|           |                   |                         |                             |        |
|           |                   |                         |                             |        |
| Plea      | se provide the r  | najor objective of this | meeting:                    |        |
|           |                   |                         |                             |        |
| . Wha     | nt would you like | this presentation to a  | accomplish for your audienc | e?     |
|           |                   |                         |                             |        |
|           |                   |                         |                             |        |
|           |                   |                         |                             |        |
| 6. If the | ere is a theme fo | or this meeting, what i | s it?                       |        |
|           |                   |                         | s it?                       |        |
| 7. Aud    | ience demograp    | phics:                  |                             |        |
| 7. Aud    | ience demograp    | ohics:<br>b. Men:       | s it? c. Women              | endees |

| 8. Wh  | no spoke at your meeting last year?  |     |
|--------|--|-----|
| 9. Giv | ven Dr. James Canton's area of expertise, what thoughts would you like to convey:  |     |
| 10. W  | /hy did you choose Dr. James Canton for your meeting?  |     |
|        | lease list any key issues, trends or challenges that are pertinent to your company's industry tod<br>or the future?  | lay |
| 12. W  | /ho else is speaking at this event?  |     |
| 13. At | ttire:   |     |
|        | there an interest in linking publicity to this event and Dr. Canton's presentation?  |     |
| Th     | ould you like to purchase bulk copies of Dr. Canton's books, <i>The Extreme Future: The Top Trem</i><br>hat Will Shape the World for the Next 5, 10, and 20 Years or Technofutures: How Leading-Edge<br>echnology Will Transform Business in the 21 <sup>st</sup> Century? If yes, how many? |     |
| Conta  | ct person phone number   |     |
| 17. Pl | ease contact us at 415-563-0720 or info@futureguru.com for more information.   |     |
| (Pleas | se see attached sheet for A/V needs.)  |     |