



Phone:
612.940.3242

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Email:
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Website:
www.energizedapproach.com

Address:
5775 Wayzata Blvd., Suite 700
Minneapolis, MN 55416

ENGAGEMENT FORM & AGREEMENT

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



Presentations and products
For a safe, healthy and
Productive workplace.

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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: AM PM Ending Time: AM PM

1. Please select the desired presentation(s):

- "The Energized Approach" for achieving a safe, healthy and productive workplace.
- "The Energized Approach" for effective leadership, organizational growth and positive change
- If Change Were Easy, We'd All Be Perfect
- From Knowing To Doing: Getting the Most From Your Employee Training Efforts
- The Lighter Side of Sitting, Standing, Lifting and Stretching
- Surviving a Multi-Day Conference
- Undecided

2. Please select presentation format(s):

- Keynote - Breakout - Workshop - 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 Michael'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 Michael should know about this audience before addressing them?

1	<hr/> <hr/> <hr/>
2	<hr/> <hr/> <hr/>
3	<hr/> <hr/> <hr/>

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	<hr/> <hr/> <hr/>
2	<hr/> <hr/> <hr/>

11. To assist us in customizing Michael'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 Michael speak with by phone to further tailor his presentation to your audience?

Name:	<hr/>	Title:	<hr/>
Office Phone:	(<hr/>)	Ext:	<hr/>
		Other Phone:	(<hr/>)
<hr/>			
Name:	<hr/>	Title:	<hr/>
Office Phone:	(<hr/>)	Ext:	<hr/>
		Other Phone:	(<hr/>)
<hr/>			

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

Name:	<hr/>	Topic:	<hr/>
Name:	<hr/>	Topic:	<hr/>
Name:	<hr/>	Topic:	<hr/>

14. What takes place immediately before and after Michael'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?

17. After the presentation, participants often benefit from resources that assist them in continuing the learning process. Which types of materials do you prefer?

- Videos Manual or Binder Additional Presentations Consultation
 Handouts CD or DVD Other: _____

18. We offer a variety of award winning products. Would it be appropriate to display and/or sell these at discounted rates to program participants?

- Yes No

19. If you answered "no" above, may we provide promotional materials about our products to attendees?

- Yes No

B. 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 Michael's transportation arrangements between the airport and presentation site?

Type:	Details:
<input type="checkbox"/> Rental Car:	_____
<input type="checkbox"/> Shuttle:	_____
<input type="checkbox"/> Pick-Up:	_____
<input type="checkbox"/> Other:	_____

3. If the presentation site is not at Michael'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 Michael contact:

Contact Name: _____ Title: _____

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



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AGREEMENT TO ENGAGE MICHAEL S. MELNIK, MS, OTR

This agreement is between Michael Melnik and:

Organization: _____

Contact Name: _____ Title: _____

Phone: () _____ Ext: _____ Fax: () _____

Email Address: _____

Program Information:

Program Title: _____

Presentation Date: / / Presentation Time: AM PM

Facility Location: _____

Fee Information:

Speaking Fee: \$ _____

Additional Fees: Additional fees will include airfare (coach), lodging, car rental, meals and incidentals. Incidental expenses such as parking fees, tips and tolls will be recorded on a daily basis and submitted for payment. Payment is due within fifteen days of receipt ("15 days net"). Upon signing of this agreement, Michael's office will arrange for round-trip coach airfare from Minneapolis/St. Paul International Airport (MSP) to an appropriate airport near the presentation site, and ground transportation (if applicable).

Payment Terms: The speaking fee is due in-full on the day of the presentation. Expenses will be billed upon completion of the presentation and are due thirty days from the date of invoice. Please make checks or money orders payable to:

**Michael Melnik, 5775 Wayzata Blvd. #700
Minneapolis, MN 55416**

Tax ID #: #41-1697643

Cancellation Policy: Cancellation within thirty days from the scheduled date will require payment of 50% of the total speaking fee in addition to any expenses already accrued (such as airfare).

Other Considerations: 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 Michael Melnik.

This agreement is accepted on behalf of the organization listed on the preceding page by:

Name: _____ Title: _____

Signature: _____ Date: / /

Please note that this speaking engagement is not confirmed or a date secured until this form is received by Michael Melnik's office.

Please mail or fax these forms and any related materials to:

Mailing Address:
5775 Wayzata Blvd., #700 Minneapolis, MN 55416

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