

CLIENT DETAILS			
ORGANIZATION/BUSINESS NAME			
ORGANIZATION/BUSINESS ADDRESS			
CITY, STATE, ZIP			
FAX		PHONE	
YEARS IN BUSINESS		WEBSITE	
CONTACT DETAILS			
Required	NAME	TITLE	
Required	OFFICE PHONE	MOBILE	
	EMAIL	FAX	
PROJECT INFORMATION			
Required	PROJECT DESCRIPTION (Describe what you want to happen. When and where will it take place? Do you have a name for the project/event?)		
	TARGET AUDIENCE (Who would you like to see attend and participate in this project?)		
	PROJECT PURPOSE/GOAL (Why are you doing this? What is the specific result that you desire?)		
Required	OTHER DECISION MAKERS NOT LISTED (Who else will be involved? Is there a board of directors?)		



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CONFIDENTIAL CLIENT QUESTIONNAIRE

IN-HOUSE RESOURCES AVAILABLE TO COMPLETE MARKETING/PLANNING OF PROJECT (What do you have on-hand to work on this project? Computer? Internet? Camera? Documentation of previous works?)	
PREVIOUS MARKETING/PLANNING TACTICS USED (What type of planning/marketing work has been done for your business or organization? Was it done in-house or by a consulting firm?)	
RELEVANT DEADLINES (event date, beginning of ticket sales, licensing requirements, etc. List in order of importance.)	
ITEM	DEADLINE DATE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	