



## EVENT & CONTACT INFORMATION

| EVENT INFORMATION |  |
|-------------------|--|
| Organization      |  |
| Date              |  |
| City, Province    |  |
| Venue             |  |

| SPEAKER CONTACT INFORMATION |  |
|-----------------------------|--|
| Full Name                   |  |
| Company                     |  |
| Phone                       |  |
| Email                       |  |
| Social Media/Notes          |  |

| SUPPORT CONTACT INFORMATION |  |
|-----------------------------|--|
| Full Name                   |  |
| Company                     |  |
| Phone                       |  |
| Email                       |  |
| Social Media/Notes          |  |

| DEVICE                                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Device Owner                                                                                                                                                                                     |  |
| Device Type                                                                                                                                                                                      |  |
| Brand / Model                                                                                                                                                                                    |  |
| PIN / Access Code                                                                                                                                                                                |  |
| <input type="checkbox"/> Battery Charged <input type="checkbox"/> Charger Provided <input type="checkbox"/> Lens Cleaned <input type="checkbox"/> Silent Mode <input type="checkbox"/> Auto Lock |  |
| Access & Operational Notes:<br><br><br><br><br><br><br><br><br><br>                                                                                                                              |  |



## CONTENT & CAPTURE

|                                                                                                   |                                                                                             |                                                                                  |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Social media content<br><input type="checkbox"/> Speaker profile content | <input type="checkbox"/> Highlight reel content<br><input type="checkbox"/> Speaking sample | <input type="checkbox"/> Event recap<br><input type="checkbox"/> Client campaign |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                                                        |                                                                                        |                                                                                          |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Speaker on stage<br><input type="checkbox"/> Speaker close-up | <input type="checkbox"/> Full stage & rroom<br><input type="checkbox"/> Event branding | <input type="checkbox"/> Horizontal content<br><input type="checkbox"/> Vertical content |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                        |                                                                                            |                                                                                            |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Speaker on stage<br><input type="checkbox"/> Speaker close-up | <input type="checkbox"/> Clear speaker audio<br><input type="checkbox"/> Audience reaction | <input type="checkbox"/> Story and outcome<br><input type="checkbox"/> Humour and laughter |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                             |                                                                                         |                                                                                       |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Opening<br><input type="checkbox"/> Stage entrance | <input type="checkbox"/> Key insight<br><input type="checkbox"/> Audience participation | <input type="checkbox"/> Closing<br><input type="checkbox"/> Post-session interaction |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

|                                                       |
|-------------------------------------------------------|
| Priority Content and Moments                          |
|                                                       |
| Speaker and Audience Coverage                         |
|                                                       |
| Video, Image, and Audio Preferences                   |
|                                                       |
| Restrictions and Special Instructions                 |
|                                                       |
| Clips, Image Captures, and Number of Video Executions |
|                                                       |