

DETAILED GOALS AND OBJECTIVES

STRATEGIC PERFORMANCE INSTITUTE

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Organization: _____ Meeting Dates: _____

Meeting Location: _____ Total Attendance: _____

Type of Attendees: _____

Purpose of Meeting: _____

Specific Program Slot: _____ Program Attendance: _____

Program Day #: _____ Time: _____ Duration: _____

Topic: _____ Title: _____

Other Key Speakers: _____

Other Key Topics: _____

A. Specific Key Goals, Objectives, Issues and Take-Aways by Priority of Importance:

- #1. _____
- #2. _____
- #3. _____
- #4. _____

B. Specific Current, Pending or Potential Challenges and Problems: (Please Be Candid)

- #1. _____
- #2. _____
- #3. _____
- #4. _____

C. Specific Key Points You Would Like Us to Elaborate On or Reinforce:

- #1. _____
- #2. _____
- #3. _____
- #4. _____

D. Specific Areas or Key Points You Would Like Us to Avoid:

- #1. _____
- #2. _____
- #3. _____
- #4. _____

E. Specific Follow-up Actions You Would Like Initiated as a Result of This Program:

- #1. _____
- #2. _____
- #3. _____
- #4. _____