



## Consultation Worksheet Form

### Business Summary

Please describe your business model, provide as much information as possible. This will assist us in creating the optimal Integrate marketing campaign for your business and deliver the results you seek.

### Advertising Information

List Your current advertising/marketing programs				
Who is your target Audience?				
Is this your first Integrate marketing program?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 40%; padding: 5px;">If No, provide recent information on your previous Interactive campaigns</td> <td style="width: 30%;"></td> </tr> </table>		If No, provide recent information on your previous Interactive campaigns	
	If No, provide recent information on your previous Interactive campaigns			

### Business Contact Information

<b>Business Display Name*:</b>					
<b>Business Type:</b>					
<b>Local Phone #*:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; padding: 5px;"><b>Toll Free#:</b></td> <td style="width: 30%;"></td> <td style="width: 20%; padding: 5px;"><b>Fax#</b></td> </tr> </table>		<b>Toll Free#:</b>		<b>Fax#</b>
	<b>Toll Free#:</b>		<b>Fax#</b>		
Email Address: for monthly reporting (Email1) :					
<b>Email Address for customer inquiries (Business Email Address)*:</b>					
<b>Business Local Address/ Business City</b>					
Street Address (No PO BOX):					
City for Business Profile*:					
State/Province Code*:					
Zip/Postal Code*:					
<b>Current Business Website*:</b>					

## Competitor Information

### List of Known Competitors

1	
2	
3	

### List of Websites you like

1.	
2.	
3.	

Do You Participate In Social Media? Facebook  Twitter  Yelp  YouTube  LinkedIn  Blogging

## What is Your Unique Selling Principle

<b>Business Description *:</b>	Write a brief description of the business, what it offers and how it differs from (and is better than) your competitors. Provide information that will help us promote the business.
<b>Top 5 features of your business:</b>	
<b>What separates you from your competitor?</b>	
<b>Hours of Operations *</b>	Monday-                      Tuesday-                      Wednesday-                      Thursday- Friday-                      Saturday-                      Sunday-
<b>Payment Types Accepted *</b>	Visa- <input type="checkbox"/> MasterCard- <input type="checkbox"/> American Express- <input type="checkbox"/> Diner's Club- <input type="checkbox"/> Discoverer- <input type="checkbox"/> Check- <input type="checkbox"/> Cash- <input type="checkbox"/> Other - <input type="checkbox"/>
<b>Product &amp; Services Offered to be emphasized:</b>	
<b>Specialties Offered*:</b>	Name at least <b>three specialties</b> offered. This is a good opportunity to tout a unique focus, service or skill that differentiates this business from the competition.

<b>Promotions*:</b>	Describe any special pricing or promotions or marketing and sales initiatives. These should be longer-term initiatives, as short-term sales or discounts are not likely to be effective in this context.
<b>Languages Spoken:</b>	
<b>Associations &amp; Awards</b>	
<b>Business Commitment</b>	Here the business may make a commitment to its customers, such as "Satisfaction guaranteed or your money back," or "We promise world-class service." Please limit it to one sentence.
<b>Business Tag Line</b>	
<b>Geo Service Areas</b>	
<b>Customer Testimonials</b>	
<b>Additional Comments:</b>	

**Campaign Information**

<b>What is Your Advertising Objective?:</b> <input type="checkbox"/> Lead Generation <input type="checkbox"/> New Patients /Customers <input type="checkbox"/> Branding <input type="checkbox"/> Other
<b>How will You determine if this program is successful?:</b> <input type="checkbox"/> Phone Calls <input type="checkbox"/> New Leads <input type="checkbox"/> Other
<b>What is the value of each new lead, patient or service?:</b>
Nation Wide targeting? <input type="checkbox"/> All States? <input type="checkbox"/> Statewide? <input type="checkbox"/> Provide list of states to target
Local Geo-Targeted Areas? <input type="checkbox"/> , Provide list of geo-targeted local areas/cities/metros

**Customer Acknowledgement of Information Provided on Sheet is Accurate**

Customer Initials:		Sales Rep Initials:	
Date :		Date:	