



Social Media VIP Day Application

Please fill out this form as completely as possible and email to Info@KristenRDesign.com 3 weeks prior for desired VIP Day

Name: _____

Business Name: _____

Years in Business: _____ Website: _____

Phone: _____ E-mail: _____

City, State (or location): _____

When would you like your VIP Day? Please list 4 options. VIP Days are on Tuesdays and Thursdays from 9am-3pm.

1. _____ 2. _____

3. _____ 4. _____

1. Briefly describe your business.

2. What is the biggest challenge with social media that you are facing right now?

3. Why are you on social media? _____

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4. What do you hope to accomplish during our VIP Day together?

5. What have you done so far to get your social media campaign started?

6. Do you have a Facebook Business/Fan Page that you are currently using for your business and if so, what is the address? (Example: www.Facebook.com/username)

7. Are you currently using any of the following tools?

	Yes	No	
Google+	<input type="checkbox"/>	<input type="checkbox"/>	
Pinterest	<input type="checkbox"/>	<input type="checkbox"/>	if yes, Pinterest name: _____
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	if yes, Twitter name: _____
YouTube Channel	<input type="checkbox"/>	<input type="checkbox"/>	
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	if yes, Instagram name: _____

8. Please list the number of fans/“likes”, connections, followers, and subscribers you have:

Facebook Fans: _____ Twitter Followers: _____ LinkedIn Connections: _____

Pinterest Followers: _____ YouTube Subscribers: _____ Instagram Followers: _____

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9. What is your ultimate goal with your social media campaign – more customers, more exposure, automate your sales, etc?

10. Who do you consider to be your competitors? (specific or general)

11. How much time have you been spending on your social media marketing? (Circle one)

1-2 hrs per week 3-4 hrs per week 5-6 hrs per week 6-8 hrs per week

Do you want to increase or decrease the amount of time that you are spending on social media?

12. Please answer the following questions below. Are you:

	Yes	No
Open to sharing the personal side of your business/product online?	<input type="checkbox"/>	<input type="checkbox"/>
OK with giving free advice (in posts) that do not pitch your services?	<input type="checkbox"/>	<input type="checkbox"/>
Willing to engage in public conversation with leaders in your field?	<input type="checkbox"/>	<input type="checkbox"/>
Willing to learn new ways of marketing that are different?	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you have a **marketing budget**? How much are you **willing to spend** on social media?

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14. On a scale of 1 to 10 (1 being the least), **how patient of a person are you?**

15. When it comes to making decisions, check which describes you best:

- I move on an idea immediately (within days)
- I process, plan, and then take action (within weeks)
- I analyze and wait for more decisiveness (within months)
- I get scared and frozen and seldom take action.

16. If you could wave a magic wand and change 3 things in your business or life over the next 6 months, what would they be?

17. Imagine your business 1 year and 5 years from now. What would you like to be celebrating?

18. Anything else we need to know to make this session successful for you?

Thank you and we look forward to working with you!

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