



Questionnaire

Name _____

Company _____

Street Address _____

City/Town _____ State _____ Zip _____

Office Phone _____ Mobile Phone _____

Email _____

Website _____

What is driving your need for change?

What are the three things you would want to know when it comes to organizing your business?

What is the one burning question you would like answered when it comes to the organization of your office?

*The questionnaire will help us to evaluate your specific organizational needs and make appropriate recommendations. **PLEASE EMAIL YOUR QUESTIONNAIRE TO PARIS@PARISLOVEINSTITUTE.COM OR FAX TO 251.981.7533. We will reply within 24 hours***