

Quiz Facts You Should Know about Each Member of Your Network

Select a Network member with whom you are familiar and supply the following information about him or her. Try to complete the quiz within 15 minutes without help. Use your memory and any personal or professional resource at your disposal, such as directories, card files, notes, and online data. If the correct response is "none" or "not applicable," write "none." If you don't know the answer, leave it blank. Score 4 points for each complete, correct answer; 2 points for each partial answer. Highest possible score: 100 points. This exercise is most valuable if you discuss the answers with the individual after you finish.

Name _____

Personal information:	Points
A. Nickname _____	_____
B. Date and place of birth _____	_____
C. A favorite color or food _____	_____
D. Best friend (other than yourself) _____	_____
E. Mentor/sponsor/role model/hero (other than yourself) _____	_____
F. Favorite TV program, song or hobby _____	_____
G. A personal award or recognition _____	_____
H. Type of per or vehicle _____	_____

Answer either the Employment or the Business/enterprise section below

Employment

I. Name and location of current place of employment _____	_____
J. Job title and at least one major duty _____	_____
K. Name and title of current boss _____	_____
L. Name of one co-worker _____	_____
M. A work related award achievement _____	_____
N. Career objective or plan _____	_____
O. Name and location of another company he or she has worked for _____	_____

Business/enterprise

I. Name and location of business _____

J. Name, key benefits, features, and price of one product or service

K. One type of individual or group in target market _____

L. Major business issue/objective/problem

M. Reason he or she decided to enter this business _____

N. Number of years in this business or industry _____

O. Name of a vendor, staff member, or client

Memberships:

P. One or more of the community groups, clubs, or organizations he or she has belonged to, office or position held, and name of at least one other member

Q. One or more of the business associations or groups he or she has belonged to, office or position held, and name of at least one other member

Residence and family:

R. City of Residence _____

S. Home Phone Number _____

T. Name, occupation of spouse/significant other _____

U. No. children or siblings (and at least one name) _____

V. A parent's or guardian's name and occupation _____

Education:

W. Name at least one school attended (high school, college, vocational, etc.) _____

X. Certificate, degree, credentials, license or special training received

Y. Newspaper, magazine, news letter, other publication read regularly, or other publication read regularly for educational or information about events and opportunities _____

Total points _____