



Opportunity Map

Identify key contacts involved in the decision-making process and record any relevant information to optimize your approach and communication strategy.

Contact Name/Title				
What's their role in the purchase decision?	<input type="checkbox"/> Gatekeeper <input type="checkbox"/> Influencer <input type="checkbox"/> User <input type="checkbox"/> Advocate <input type="checkbox"/> Decision Maker	<input type="checkbox"/> Gatekeeper <input type="checkbox"/> Influencer <input type="checkbox"/> User <input type="checkbox"/> Advocate <input type="checkbox"/> Decision Maker	<input type="checkbox"/> Gatekeeper <input type="checkbox"/> Influencer <input type="checkbox"/> User <input type="checkbox"/> Advocate <input type="checkbox"/> Decision Maker	<input type="checkbox"/> Gatekeeper <input type="checkbox"/> Influencer <input type="checkbox"/> User <input type="checkbox"/> Advocate <input type="checkbox"/> Decision Maker
Primary Behavior Style(s):	D I S C	D I S C	D I S C	D I S C
Which of the 5 qualifying characteristics does this contact have?	<input type="checkbox"/> Aware of a need <input type="checkbox"/> Authority to buy <input type="checkbox"/> Urgency <input type="checkbox"/> Trusts You <input type="checkbox"/> Willing to Listen	<input type="checkbox"/> Aware of a need <input type="checkbox"/> Authority to buy <input type="checkbox"/> Urgency <input type="checkbox"/> Trusts You <input type="checkbox"/> Willing to Listen	<input type="checkbox"/> Aware of a need <input type="checkbox"/> Authority to buy <input type="checkbox"/> Urgency <input type="checkbox"/> Trusts You <input type="checkbox"/> Willing to Listen	<input type="checkbox"/> Aware of a need <input type="checkbox"/> Authority to buy <input type="checkbox"/> Urgency <input type="checkbox"/> Trusts You <input type="checkbox"/> Willing to Listen
How does this contact view your organization?	<input type="checkbox"/> Supplier/Vendor <input type="checkbox"/> Business Expert <input type="checkbox"/> Strategic Partner <input type="checkbox"/> Other	<input type="checkbox"/> Supplier/Vendor <input type="checkbox"/> Business Expert <input type="checkbox"/> Strategic Partner <input type="checkbox"/> Other	<input type="checkbox"/> Supplier/Vendor <input type="checkbox"/> Business Expert <input type="checkbox"/> Strategic Partner <input type="checkbox"/> Other	<input type="checkbox"/> Supplier/Vendor <input type="checkbox"/> Business Expert <input type="checkbox"/> Strategic Partner <input type="checkbox"/> Other
Describe the perceived need this contact has verbalized to you.				
What does this contact need before moving on to the next step in the sales process?				