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## Stunningly Awful Demos – Debilitating Demo Diseases

Here is a compendium of debilitating demo diseases that commonly afflict sales, presales and marketing teams when preparing for and presenting demos. We identify the major symptoms for each disorder, provide one or more examples to aid in diagnosis, and suggest steps to a cure for each.

### Conjunctionitis

Symptoms: Chronic overuse of “and” and “or” in the midst of demos.

Examples: “...*and* the next thing I want to show you is...”

“...*and* another really cool thing in our software is...”

“You can do it using our wizard, *or* this second way, *or* you can do the same thing using the menus, *or* you can write a macro, *or*...”

Cure: Breathe... Pause... Summarize after each demo segment. Hold back from showing everything; ask first before presenting additional capabilities. Peel back the layers *in accord* with customer interest.

### Zippy Mouse Syndrome

Symptoms: Mouse movements erratic, haphazard; movement may never stop. Mouse may circle constantly around certain portions of the screen. Customers turn away from the screen, get uncomfortable, and reach for the Dramamine.

Examples: Watch other people’s Remote Demos (e.g., via WebEx or GoToMeeting) – time how long before you get sick trying to follow the mouse flying around the screen:

- Uncomfortable after 3 minutes: mild, but needs treatment
- Sick after 2 minutes: moderate, treat right away
- Really sick within a minute: Severe, emergency measures required

Cure: Slow the mouse down. *Sloooow the mouuuuuse doooooown...!*  
Move the mouse, deliberately, to the location you want – then take your hand OFF of the mouse while you talk. Repeat for your next point. This is called “Move and stop; move and stop”.

In severe cases, change the mouse speed setting in your Control Panel from “Normal” to “Painfully Slow” – this will compensate and average out to appear comfortable to the audience. Apply treatment right away.

### **Rambleitis - Run-on Demo (aka Demo Diarrhea)**

Symptoms: No pauses, no breaks, no interaction with audience – often compounded by Conjunctionitis, fits of Whooping If and Zippy Mouse Syndrome.

Examples: “...and the really cool thing about this is...”

“...and the next thing I want to show you is...”

Cure: Inject pauses at least once per segment, at the end, and repeat as frequently as needed. Treat commensurate Conjunctionitis with the use of Biased Questions, designed to give the audience the opportunity to interact (e.g., “Many of our *other* customers have found that the ability to \_\_\_\_ saved them hours every week. Is this something that might *also* be of interest to you?”) Turn the demo from a unidirectional, fire-hose-delivery *presentation* into a bidirectional *conversation*.

An older cure, still applicable in extreme cases, is to place the patient in an ice bath until unable to speak...

### **Whooping “If”**

Symptoms: Presenter offers an ever-growing range of options, generally linked together by “if...” If’s often multiply rapidly, causing great boredom in the audience and the risk of encountering unexpected bugs and precipitating detailed, pointless questions (aka “Stupid Questions”) on topics of little interest and lower value.

Examples: “So, *if* you want to open an existing one, you click here and...”; “Then, *if* you want to create a new one, then you choose ‘New’ and...”; “Next, *if* ...”

Cure: Inhale deeply. Exhale slowly. Apply a Biased Question when the urge to “if” presents. If you are the presenter ask yourself, “Is this *really* something the audience is interested in or needs to know? Is this a sales demo or product training?”

## Death by Corporate Overview

Symptoms: Palpitation of the audience; sleeping audience and, eventually, severe audience loss. Audience members doodle aimlessly, glance at watches repeatedly, furtively use Blackberries, and bang heads on walls.

Examples: “Oh my God, no more slides...” “No, I’m *not* interested in their founding fathers, their revenues-to-date, the geographic locations of their offices, and I’m *really* not interested in their mission statement.” “Please let this be over...!”

Cure: Perform an immediate Radical Overviewectomy. Replace with two or three crisp, focused sentences, e.g., “Good afternoon. We’re ABC software, we’ve been in business 12 years, providing forecasting solutions to customers in manufacturing, high tech and other industries for over 2000 customers in 18 countries around the world. Now, let’s talk about your situation.”

In extreme cases where there is clear and extensive Marketing Metastasis, a deep cut may need to be made into MarCom to help address the root cause.

## Breathlessness – Demo Asphyxiation

Symptoms: No pauses or breaks in the delivery, followed by shortness of breath, flushed face and finally passing out. (Fainting is often an outcome of Rambleitis when compounded by Whooping If and Conjunctionitis.)

Examples: “And another really cool thing about our software is the ability to \_\_\_\_, or \_\_\_\_, and if you want to \_\_\_\_ then you can click here, or if you have to \_\_\_\_ then choose this, and the next thing I want to show you is our new import wizard, which has seven different options, the first of which is \_\_\_\_, which is really great if you need to \_\_\_\_, or \_\_\_\_ or \_\_\_\_, and if you need to... need to...to... uhhhhhhhhh...” \*Thunk\*!

Cure: Breathe, fer cryin’ out loud! Put some pauses in the delivery; put some *theatre* and *passion* in the delivery. Put some *dynamics* into the delivery (lounds and softs). Reciting a Shakespeare play without pauses and dynamics makes for a very boring experience:

But-soft-what-light-through-yonder-window-breaks-it-is-the-east-and-Juliet-is-the-sun-  
arise-fair-sun-and-kill-the-envious-moon-who-is-already-sick-and-pale-with-grief-that-  
thou-her-maid-art-far-more-fair-than-she... \*THUNK\*!

The lines from the play, Romeo and Juliet, are of course to be uttered with deep and fervent passion:

But soft, what light through yonder window breaks?  
It is the east, and Juliet is the sun.



Examples: Chirp-chirp-chirp-chirp-chirp-chirp-chirp-chirp-chirp-chirp....

Cure: Encourage, drive and generate interactivity. Turn the demo from a one-way *presentation* into a two-way *conversation*. Involve the customer. Ask “closed-probe” questions. Confirm interest. Invite the customer to “drive”. Pause occasionally and summarize at the end of each section. Fumigate as needed.

### **Clairvoyance Annoyance (aka Premature Elaboration)**

Symptoms: Prescience. Answering questions before they are completed because you’ve heard them all hundreds of times before. Causes severe annoyance in customers. The appearance of great embarrassment, flushing and jackass ears on the presenter may also occur.

Examples: Customer: “Does it run on...”

Presenter: “Yes! We support Vista, Windows XP and some older versions of Windows, including the MS Office products on each of those platforms, including Office 97, Office 2003, Office 2007 and all of the current and ‘compatibility’ file types.”

Customer: “...Macintosh?”

Presenter: “Oh. No.”

Cure: Zip it – and let the customer ask the full question. Listen intently. Ask for clarification, as needed. Parse as to whether the question is a Great Question (answer it right away), a Good Question (queue it up for later) or a Stupid Question (also queue it up for later). Manage Q&A professionally using a “Not Now List” or “Parking Lot”.

### **Overscriptosis – Hardening of the Demo**

Symptoms: Following a rigid vendor-created demo script, regardless of the needs or interest of the customer. Difficulty in determining if the demo is live or recorded, even with the presenter’s mouth moving in the front of the room.

Examples: “Let me check my script for the next thing I need to show you...”

“Hang on a moment, I need to find my place in the script...”

Cure: Inject Reality, intravenously. Invest in sufficient qualification and discovery with the customer to determine what Specific Capabilities are desired. Show these, only, following the Great Demo! methodology:

1. Review the customer’s Situation

2. Present an Illustration of the end result
3. Do It (prove it in the fewest number of steps)
4. Peel Back the Layers in accord with the customer's interest
5. Manage questions
6. Summarize

### **Vacuosititis – Cluelessness in Marketing Roll-out Demos (aka Feature Rash)**

**Symptoms:** A rash of features and non-specific, buzzword-compliant benefit statements. Atrophied, disconnected, narcoleptic audience reaction. Snoring.

**Examples:** “Now I’ll show you our new biframulator tool, designed to save time and money.

“Next I’ll present all of the new capabilities we’ve put into the new release – shouldn’t take more than two hours...”

**Cure:** Apply Get-A-Clue™ topically. Gather Informal Success Stories from existing customers, pre-release and beta sites, and apply liberally to the affected presentation. Replace feature-orientation with Critical Business Issue/Solution scenarios. Repeat as necessary until feature rash disappears.

### **Auto-Demo Hell – Cluelessness in Recorded Demos**

**Symptoms:** See Vacuosititis, above. Additionally, victim assumes that all prospects have the same problem, the same challenges, and the same objectives. Victim attempts to create a “one-size-fits-all” demo in spite of serving multiple markets and job titles. Viewers habitually drop-out of the 20 minute recording after only 2 minutes. Victim delusion and hallucinations may occur, signified by calling this a “highly qualified, hot lead”.

**Examples:** “Click here to watch our product demo.”

**Cure:** Create a cocktail of Informal Success Stories; then distill carefully to recover the High-Probability Sales Situations. Craft focused, specific demos for each targeted Sales Situation and provide a Menu to prospects browsing to guide them to the relevant Sales Situation by Job Title and/or Industry. Note: symptoms may reappear with each new software release.

### **Rampaging Pronouns – Too Many Fictional Characters**

**Symptoms:** Demo begins by introducing Mike the Manager, Eunice the End-User, Veronica the VP, Andrew in Accounting, Sally the Sales Director, and Ike from IT. Presenter immediately loses track of which pronoun to use: I, you, he, she, them, they, um, hmmm. Audience immediately loses patience. Sales rep loses deal, misses quota, and suffers Terminus Abruptus.

Examples: “Next, I’ll show you how Eunice enters the account information, which you can use to calculate the total so she can add the new lines which I need for the next section.”

Cure: Apply restraints; purge excess pronouns (may be painful – Pro-No™ and Pronoun-Be-Gone® are two products often recommended and can be purchased over-the-counter). Replace with “you”, exclusively.

### **Atrophied Communication (aka CRM Refusal) – Pre-Call Inadequacy**

Symptoms: Sales rep communicates key pre-call information in the car on the way to the customer, in the customer’s parking lot, or in the customer’s lobby.

Examples: Sales rep: “Oh, by the way, you need to show them the new biframulator tool – I promised them that we’d show it today.”

Presales Person: “Oh – that’s too bad; I don’t have it on my machine. Why didn’t you ever answer my email messages asking what we know about the account and what we need to show?!!”

Cure: Take two cell phones (or Blackberries) daily. Use to communicate pre-call information as needed – well before the demo is scheduled.

We hope this compendium helps you to diagnose and treat your own team. If this is an emergency or you feel you need a specialist, please contact us right away.

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