

## **Coaching Program Confidential Application Form**

Name (First and Last)		Company Name		
Company/Mailing Address	City	State	Zip Code	
Business Phone Fax	(	Home Phone (for er	mergency use only)	
Email Address		Birthdate (MM/DD/YY)		
Type of Business	Title/Position	Y	ears of Experience	
Companyle Calca Davianus		□ ¢00 50 million	П. ф50 million	
Company's Sales Revenue: ☐ < \$ 5 milli	on ☐ \$5-20 million	☐ \$20-50 million	$\square$ > \$50 million	
Is there someone who was influential in your decision to register for the Program? If so, please provide their name above.				
name above.				
Please list any professional/trade association	ns to which you belong	if any		
ricase list any professional/trade associations to which you belong, if any.				
Please indicate any specific dietary needs:				
□ Vegetarian □ Allergies □ Other - Please specify				
Series name Date of first session				
Credit Card Number	Expiration MC	VISA or American Ex	xpress CVV	
I hereby authorize The Strategic CFO, LL to charge the credit card number above in the amount of \$500.				
X Cardholder Signature		Name on Card	<u> </u>	
Yes, I (please initial) authorize The Strategic CFO, LLC to charge the balance thirty (30) days prior to the start date using the above credit card.				
☐ Payment by check. Mail to The Strategic CFO, LLC, 952 Echo Lane, Suite 240, Houston, TX 77024.				
By signing below, I certify that I have read and agree to all of the attached terms and condtions, and I also agree that:				
(i) my deposit is non-refundable;				
(ii) the balance of my Program fee is due thirty (30) days prior to the date of the first session noted above; and				
(iii) once I attend the first session none of the Program fee is refundable or transferrable and there is no credit for missed sessions.				
X				
Signature		Da	ate	

#### **Terms and Conditions**

The materials and concepts of The Strategic CFO™ Coaching Program ("Program") are designed to help you achieve extraordinary goals. In order to assist us in maintaining the unique value you will experience as a participant in the Program, you agree to the following terms and conditions.

#### Fee Schedule

The fee for the Program is \$3,500. A deposit of \$500 is due with the completed application form. The balance is due thirty (30) days prior to the beginning date of the first session. Upon receipt of the balance, program materials will be sent to you.

## **Conditions Of My Application**

I agree to attend the four (4) sessions for which I am applying, which will take place within a one-year period that begins as of the date of the first session noted in my application. There is no credit for missed sessions. My enrollment is subject to the program fee being paid in full.

### **Helping To Protect Our Intellectual Property**

I agree that any reproduction, presentation, distribution, transmission or commercial use of the concepts, strategies, methods, tools, materials and all other trademarks, copyrights and other intellectual property owned by The Strategic CFO, LLP ("The Strategic CFO™") in any media, now known or hereafter invented, is prohibited without the express written permission of The Strategic CFO™.

## **Protecting Your Personal Information**

I understand that The Strategic CFO<sup>™</sup> does not rent, sell or otherwise disclose personal information about its clients to third parties, and will use its best efforts to protect my personal information against loss and unauthorized use; therefore, I release The Strategic CFO<sup>™</sup> and its directors, officers, agents and employees from any liability due to disclosure or use of this information.

# Some Of The Rights Reserved By The Strategic CFO<sup>™</sup>

I agree that The Strategic CFO™ has the right to reschedule workshops and/or substitute coaches.

### **Responsibility For My Decisions**

I understand the Program is not a substitute for the advice of any of my personal or professional advisors; therefore, I agree that all of my decisions and actions, and their consequences, are entirely my own responsibility.