

3. What are the 3 biggest challenges you're facing in your business right now (please list them in order, #1 being the MOST pressing issue)?

1. _____

2. _____

3. _____

4. What currently holds you back from achieving the level of financial and personal success or the results you want in your business?

5. What do you want to specifically accomplish by the end of our VIP Intensive Consultation time together?

6. Briefly describe why you are a good candidate for a VIP Private Consultation with me.

7. Why is it important for you to commit to a VIP Intensive Consultation?

8. Is there anything else you'd like me to know in considering you for this program?

VIP Intensive Consultation Agreement

Yes! Jan - I'm Ready to Sign Up More Clients, Leverage My Time and Talent, and Make More Money

_____ Jan, I want 1 Full Day In Person of your Mentoring for \$2,495.00

Experience a PRIVATE VIP 1-day 8 hour Business Breakthrough™ Intensive of 1:1 consulting and mentoring with Jan Marie Dore at a special discount of \$900. (for Canadian clients + HST)

BONUS: TWO 30-Minute Follow-Up Strategy Sessions * See below for details

_____ Jan, I want a Virtual Half-Day of your Mentoring for \$1,195.00

Experience a PRIVATE VIP Virtual 1/2-day (3.5 hour) hour Business Breakthrough™ Intensive of 1:1 consulting and mentoring with Jan Marie Dore at a special discount of \$400. (for Canadian clients + HST)

BONUS: ONE 20-Minute Follow-Up Strategy Session * See below for details

Jan, I understand I will receive my bonus follow-up coaching session(s) that must be booked and completed within 60 days for the In-Person Intensive, or 21 days for the Virtual Intensive. I will have access to your private email address to ask you quick questions or to get brief feedback during the time of my VIP Intensive Program up until the date of my final follow-up phone session.

Please Enter Your Payment Information Below:

Name: _____ Phone: _____

E-mail: _____

Billing Address: _____
Street or P.O. Box

City _____ State /Province _____ Zip / Postal Code _____

PAYMENT METHOD – Please Select Method of Payment and Print Clearly

___ * If paying by check, please make check payable to Jan Marie Dore and mail to:
64 Northumberland St., Guelph, Ontario N1H 3A8 CANADA.
Check must clear 10 days before date of VIP Intensive.

___ * Wire Transfer – contact us for details

___ ** Credit card billed for 50% deposit, balance due 10 business days prior to meeting.
A service charge of 3% is applicable if using a credit card for final payment only.

CARD #1 Circle one: VISA MC CHECK*

Card number: _____ Exp Date: _____

Name on Card: _____ Cardholder's Signature: _____

CARD #2 (Optional, if you'd like us to split payment evenly between 2 cards)

Circle one: VISA MC CHECK*

Card number: _____ Exp Date: _____

Name on Card: _____ Cardholder's Signature: _____

VIP Intensive Consultation Agreement

Terms of Agreement

Once I am accepted into this program, I authorize Jan Marie Dore to charge my card(s) as indicated above for my VIP Private Consultation. I understand and commit to working with Jan in total integrity, honesty and confidentiality. I understand and agree that, by completing and signing this enrollment form, I will have my credit card(s) charged (or check cashed) at the participation rate described above as based on my selected investment option for my inclusion in this program.

I understand and agree that by completing and signing this application form, I am committing to either a full day or half day option with Jan, based on my investment selected, and that I have communicated my agenda and what it is that I expect to accomplish during the consultation in the space provided in question #5 above. I further understand and agree that, if, for any reason, I choose to cancel my consultation day, I must do so no later than 10 days prior to my scheduled consultation in order to receive a refund of the funds I have paid up to that point. I understand a 4% service fee will be added to any refunds processed to cover chargeback and service fees. No refunds will be processed for cancellations less than 10 days before the scheduled consultation or during or after the consultation has occurred. Further, Jan Marie Dore has sole discretion to terminate the agreement and cancel the consultation day at any time.

Disclaimer of Liability

I hereby employ Jan Marie Dore for the purpose of coaching, consulting, and mentoring me with respect to strategic planning for my business. I understand and agree that Jan Marie Dore is not a legal, financial or accounting advisor, counselor, therapist, psychotherapist, employment agent, or business manager and that results are not guaranteed. She has not promised, shall not be obligated to, and will not 1) provide accounting services, financial advice, tax advising services, legal advice, or investment counseling, or 2) act as a therapist, providing psychological counseling, psychoanalysis, or behavior therapy or 3) procure or attempt to procure employment, business, or sales for me or my business. The Client waives any claim against Jan Marie Dore as a result of acting on any opinion, suggestion or perceived advice. This agreement is to be interpreted according to the laws of Ontario, Canada where Jan Marie Dore is domiciled.

CLIENT HAS READ AND AGREES TO THIS FULL AGREEMENT ABOVE IN ITS ENTIRETY:

Print Name: _____

Signature: _____

Date: _____

Thank you! Now, please FAX this entire completed application, agreement AND your payment information to us at +1-360-287-0546. I will personally review it, and my assistant will contact you **within 3 business days** via email or phone to let you know if you are approved for a VIP Intensive. Please know that your credit card will not be charged until you've been accepted into this program, and that your entire application is completely *CONFIDENTIAL*.

Jan Marie Dore, MCC