

Success Acceleration Coaching Registration



J I M S T R I E G E L

Please indicate which payment you prefer. A minimum of one year participation is required.

PLAN DESIRED	PLAN	SESSIONS PER MONTH	MONTHLY PAYMENT
	Basic Individual	(4) 30 Minute Calls	\$900.00
	Classic Individual	(4) 45 Minute Calls	\$1,200.00
	Platinum Individual	(4) 1 Hour Calls	\$1,500.00

Participant Name: _____ Consultant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Fax: _____

Cell Phone Number: _____

Payment Information Credit Card billed monthly on the 10th.

Name on Card: _____

Billing Address: _____

Type of Card: MC Visa American Express Discover

Credit Card Number: _____

3 Digit security code: _____ Expiration Date: _____

I authorize Jim Striegel Production, Ltd. to charge my credit card as indicated above in the amount of _____ for consulting services for each month. The charge will be on the 10th of each month. Above are the minimum services I expect to incur for each month. In the event I utilize more services, I will incur additional fees. I understand that if I have not cancelled or rescheduled a One on One coaching session, I will be charged for the session. Any changes in the Session Plan require a 30 day written notice. This authority is to remain in full force and effect until Jim Stiegel Productions, Ltd. has received a 30 day written notice from me (or either of us) prior to withdrawal from the consulting program. In addition to the notice, there will be a charge equal to 2 month's of my current session fee.

Your consulting session will begin on _____, _____.

Signature: _____ Date: _____

_____ Date: _____

Jim Striegel