**COACHING CLINIC**

CLASS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: September 12 – 8:30 AM to 12 PM

**REGISTRATION FORM**

1. Name: Click here to enter text. ­­­­­­­­­­­­­­­­­­­­­­­

2. Company: Click here to enter text.

3. Company Address: Click here to enter text.

4. City, State, Zip: Click here to enter text.

5. Home Address: Click here to enter text.

6. City: State: Zip:

7. Phone: (work) Click here to enter text. (home) Click here to enter text. (mobile)Click here to enter text.

8. Email: Click here to enter text.

9. Date of Birth: Click here to enter text.

10. Gender: Click here to enter text.

10. Number of Years as a Business Owner: Click here to enter text.

11. How much revenue do you currently generate from your business revenue?

[ ]  50 to 100,000 [ ]  100,000 to 150,000 [ ]  150,000 to 250,000

[ ]  250,000 to 500,000 [ ]  500,000 to 1,000,000 [ ]  1,000,000 or above

12. How Many Employees Do You Have? Click here to enter text.

13. How Did You Hear About the Coaching Clinic?

[ ]  G2E Email Announcement [ ]  Flyer, Where?Click here to enter text.

[ ]  Referred by: Click here to enter text. [ ]  Other Click here to enter text.

14. What kind of Industry does your Business belong to?

 [ ]  Consumer Goods & Services

 [ ]  Retail

 [ ]  Professional Services

 [ ]  Construction

 [ ]  Information Technology

 [ ]  Other:

 15. What were your business sales last year?

 [ ]  0 - $50,000

 [ ]  $50,000 - $250,000

 [ ]  $250,000 - $500,000

 [ ]  $500,000 - $1,000,000

 [ ]  $1,000,000 +

 16. What kind of counselling session/s would you like to schedule? You can choose up to 3. We will send you an email with your schedule as it gets closer to the event.

[ ]  Understanding Contracts, leases, other legal documents.

[ ]  Understanding the type of company that is best suited for you and your business.

[ ]  Understanding the components of your financials and their meaning.

[ ]  Get help to create a Budget, Cash Flow or P&L template

[ ]  Business Plan Review.

[ ]  Understanding your credit score and how to improve it.

[ ]  Getting to know the franchising concept.

[ ]  Learn about the true landscape of franchising, and explore opportunities through FranNet

 17. What are you hoping to learn from this workshop?

**Payment Information**

Coaching clinic: $25

To pay by credit card:

[ ] MasterCard [ ]  VISA [ ] Discover (please check one)

Credit Card Number: Click here to enter text. Security Code: Click here to enter text.

Card expiration date: Month: Click here to enter text. Year: Click here to enter text.

You can send this form completed by email at Eridania.camacho@sunywcc.edu or by fax at 914-606-5650. Registration form with full payment must be received prior to the first class.

To pay by check:

Please send $25 check, payable to Westchester Community College to: 75 Grasslands Rd. (Gateway Center, Room 320), Valhalla, NY 10595, Attn: Eridania Camacho. Registration form with full payment must be received prior to the first class.

To pay by phone:

**Call** 914-606-5615

**REGISTER IN PERSON ONLY IF YOU ARE PAYING CASH : WCC, Valhalla Campus, Administration Building Room 207 (75 Grasslands Road, Gateway Center, Room 316, Valhalla, NY 10595)**

Refund policy:

* All refund requests must be made to the college in writing or emailed to Eridania.camacho@sunywcc.edu. If you paid by check, please allow 6-8 weeks for your refund to be processed. Credit card refunds are processed in one to two weeks.
* For requests received at least 2 business days prior to the start of the clinic: 100% refund.
* There are no refunds after that.