**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](mailto: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.