Breakthrough Coaching Session Form

Tell us about you and your biz. Please fill this out as completely as possible,

Part I: Your Profile

Tell us how to find you

Business Name _____

Main Contact

_____ _____
First Name Last Name

Phone Number

_____ _____
Area Code Phone Number

E-mail _____

Current Website URL (if applicable)

_____

Part II: Describe your biz

Be as thorough as possible.Do the best you can, but don't agonize over a question.

Rate your ability to get new leads in your biz _____

Rate your skills at converting leads into paid clients _____

Describe Your Goals and Vision for Your Biz.

What is your monthly revenue goal? _____

How important is it to you to hit this goal _____

What do you want to focus on during your breakthrough session

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What do you think you need to change about your current business?

Part II: Cont'd

Where do most of your clients find you? Social media? Ads? Word of Mouth? Etc. Or are you starting out and haven't had many or any clients or customers?

Please list a few of your social media profiles you use for your business

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Part III: Other Information

What questions do you have?

Anything else you want to add?

Yay!! You're finished! Just press the submit button below and you will be directed to Sheri's scheduling calendar. Once you choose your time, you are all set.

You'll hear back from us shortly.