

# Ultimate Leadership Plus

Workshop Date:

|                                                                                                         |                  |                                         |                          |                          |                |
|---------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|--------------------------|--------------------------|----------------|
| App date                                                                                                | Name             | Name Tag                                | New                      | Alum                     | Intake Person: |
| Click here to enter a date.                                                                             |                  |                                         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| Address: <input type="checkbox"/> Home <input type="checkbox"/> Organization                            |                  | Name of Organization                    |                          |                          |                |
| Street:                                                                                                 |                  | City:                                   | State:                   | Zip:                     |                |
|                                                                                                         |                  |                                         |                          |                          |                |
| Cell Phone                                                                                              | Additional Phone | Time Zone                               | Email Address:           |                          |                |
|                                                                                                         |                  | Choose an item.                         |                          |                          |                |
| How did you hear about Ultimate Leadership?                                                             |                  |                                         |                          |                          |                |
|                                                                                                         |                  |                                         |                          |                          |                |
| Will anyone you know be attending with you?                                                             |                  |                                         | Flag – Not in same group |                          |                |
|                                                                                                         |                  |                                         |                          |                          |                |
| Any physical limitations?                                                                               |                  | Food Allergies or dietary restrictions? |                          |                          |                |
|                                                                                                         |                  |                                         |                          |                          |                |
| Emergency contact person and relationship                                                               |                  |                                         |                          |                          |                |
| Phone: Cell <input checked="" type="checkbox"/> Wk <input type="checkbox"/> Hm <input type="checkbox"/> |                  |                                         |                          |                          |                |

**Payment information \*FOR OFFICE USE ONLY\***

|                                                    |                                                                                            |           |                     |                              |
|----------------------------------------------------|--------------------------------------------------------------------------------------------|-----------|---------------------|------------------------------|
| Credit Card #                                      | Expiration Date:                                                                           | Sec Code: | Discount Discussed? | Amount of Discount if given: |
|                                                    |                                                                                            |           |                     |                              |
| Billing Name and address (if different from above) |                                                                                            |           |                     |                              |
| Amount Due                                         | Payments: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |           |                     |                              |
| \$                                                 | 1 <sup>st</sup> payment due:                                                               | 1.\$      | Date Pd:            | Ck#                          |
|                                                    | 2 <sup>nd</sup> payment due:                                                               | 2.\$      | Date Pd:            | Ck #                         |
|                                                    | 3 <sup>rd</sup> payment due:                                                               | 3.\$      | Date Pd:            | Ck #                         |

**Note special instructions here:**

# ULTIMATE LEADERSHIP PLUS

Workshop Date:

|                                                                                                                                                       |                                                                      |                                                                                                                  |                                                                                       |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------|
| Name                                                                                                                                                  |                                                                      | City                                                                                                             |                                                                                       | State |
| Organization                                                                                                                                          |                                                                      | Position                                                                                                         |                                                                                       |       |
| Have you attended other leadership conferences?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                           |                                                                      | If yes, which one(s)?                                                                                            |                                                                                       |       |
| Prior personal growth work?<br><input type="checkbox"/> Y <input type="checkbox"/> N                                                                  | Small Group<br><input type="checkbox"/> Y <input type="checkbox"/> N | One-on-one w/therapist<br><input type="checkbox"/> Y <input type="checkbox"/> N                                  | Therapeutic processing group<br><input type="checkbox"/> Y <input type="checkbox"/> N |       |
| Are you being sponsored by your organization?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                             |                                                                      | Is attending the workshop a condition of employment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                       |       |
| Marital Status<br><input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed |                                                                      | Attending with spouse?<br><input type="checkbox"/> Y <input type="checkbox"/> N                                  | Spouse's Name                                                                         |       |
| What age group?<br><input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50 +         |                                                                      |                                                                                                                  |                                                                                       |       |

## ISSUES YOU STRUGGLE WITH:

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| Personal and Professional                                                                                           |
|                                                                                                                     |
|                                                                                                                     |
|                                                                                                                     |
| Please list any losses you have experienced recently such as a death of a loved one, a job, financial, health, etc: |
|                                                                                                                     |
|                                                                                                                     |

Reason a discount was awarded: