



# Sales Coaching Registration Form

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## MONTHLY COACHING PROGRAM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

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Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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### Company Information

Company Name                      Position                      Sales Achievements

_____	_____	_____
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Please write below your selling objectives that you would like to obtain in these coaching sessions

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### Coaching Package

Sales Education Assessment  
Sales Training Recommendations  
Training Manual based on Assessment Report  
Weekly Email Coaching  
One Hour Scheduled Telephone Consultation

**\$450.00  
MONTHLY**

**Two Month Commitment**

Initials \_\_\_\_\_

Sales Education Assessment  
Sales Training Recommendations  
Training Manual based on Assessment Report  
Weekly Email Coaching  
2 - One Hour Scheduled Telephone Consultations

**\$750.00  
MONTHLY**

**Two Month Commitment**

Initials \_\_\_\_\_

### Payment Options

Mastercard                      Visa                      American Express

Credit Card Number: \_\_\_\_\_

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Expire: \_\_\_\_\_

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CSV: \_\_\_\_\_

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Signature: \_\_\_\_\_

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Date: \_\_\_\_\_

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