Group Coaching Registration: Leading Vital Change

Save this form with your last name in the filename, complete it, and submit it to Amie@VescentLeadership.com. Only you and I will see this worksheet, so please be honest. Participation will be confirmed as soon as possible.

**Name** enter text. **Title** enter text.

**Email** enter text. **Phone** enter text.

**Organization** enter text. **Organization Size** (employees) enter text.

**Organization Location(s)** choose one [ ] Single City [ ] Multi-city [ ] State [ ] Multi-state/Regional [ ] National [ ] International

**Your Location** enter text.

**Number of Direct Reports:** enter text.

**Do Your Direct Reports Manage Other Employees?** [ ] Yes [ ] No

**Type of Change You are Leading** choose one[ ] Structural [ ] Technological [ ] Operational [ ] Cultural [ ] Other enter text.

**Span of Change You are Leading** choose one
 [ ] Enterprisewide [ ] Divisional [ ] Cross functional [ ] Functional [ ] Departmental

**Summary of Change You are Leading** enter text.

**Business Goals of the Change You are Leading** complete at least one goal and up to three

 Goal 1 enter text.

 Goal 2 enter text.

 Goal 3 enter text.

**Your Goals for the Coaching Engagement** complete at least one goal and up to three

 Goal 1 enter text.

 Goal 2 enter text.

 Goal 3 enter text.

Preferred Coaching Group

 [ ] Group A: Wednesdays 11 am - 12:15 pm ET (Nov. 6, 13, 20, 27; Dec. 4, 11, 18; Jan. 8)

 [ ] Group B: Fridays 2 pm - 3:15 pm ET (Nov. 8, 15, 22; Dec. 6, 13, 20; Jan. 10, 17)

**What else do you want your coach to know?** enter text.

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| **Payment Preference** | [ ] Invoice me Bill to Name: enter text.Organization: enter text.Address: enter text. | [ ] Charge my credit card Name on Card: enter text.Card Number: enter text.Expy Date: enter a dateCVV: enter text. |