

## GROUP COACHING REGISTRATION: LEADING VITAL CHANGE

Save this form with your last name in the filename, complete it, and submit it to <a href="Mailto:Amie@VescentLeadership.com">Amie@VescentLeadership.com</a>. 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.
$\label{lem:constraint} \textbf{Organization} \ \text{enter text}.$		Organization Size (employees) enter text.
Organization Location(s)  ☐ Single City ☐ Mult		Regional □National □International
Your Location enter text		
Number of Direct Report	ts: enter text.	
<b>Do Your Direct Reports Manage Other Employees?</b> □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.		
Payment Preference	□Invoice me Bill to Name: Organization: Address:	□ Charge my credit card Name on Card: Card Number: Expy Date: CVV: