**PROFESSIONAL DEVELOPMENT CONFIDENTIAL**

**PO Box 412**

**Del Mar, CA 92104**

**(619) 379-5596**

**www.eastharadin.com**

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| --- | --- | --- |
| **Client Name(s)** | | **Date** |
| **Mailing Address** | | |
| **City** | **State** | **Zip** |
| **E-mail Address** | **Cell Phone** | |
| **How did you hear about my services?** | | |
| **What area(s) would you like to focus on (i.e. private practice, referrals, product business)?**  **1.**  **2.**  **3.** | | |

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| **How long have you been in practice/business?** |
| **Practice/Business Name(s):** |
| **Practice/Business Location(s):** |
| **How many patients do you see each week?** |
| **Do you rent space from another practitioner or a building landlord?** |
| **Are you happy with your practice/business space and/or location? Describe if No.** |
| **Do you have a specialty, specialties or an area of interest? What is it or are they?** |
| **Do you want to specialize in a specific area? If yes, what is it?** |
| **Do you have a product idea you wish to discuss? If yes, what is it?** |
| **What is your website address:** |

**Terms and Conditions:**

This is for a Mastermind series. Sessions will be recorded and shared with all participants in the event you have to miss a class. Access to our Facebook is granted upon registration and I am available via email and text while we are working together. CEU certificates given at the end.

**Agreement:**

It is understood that the advice or suggestions provided in our sessions together do not, at any time, replace necessary, appropriate or applicable legal advice. I, the undersigned, agree to the terms set forth herein.

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Client’s Signature Date