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](mailto: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 oneStructural 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 date  CVV: enter text. |