

CREATIVE BUSINESS & CAREER STRATEGIES™

WORKSHOP RESERVATION & PAYMENT FORM

PLEASE PRINT CLEARLY & COMPLETE IN FULL TODAY'S DATE: _____

HOW DID YOU HEAR ABOUT THIS WORKSHOP? _____

FULL LEGAL NAME: _____

PROFESSIONAL NAME: _____

PROFESSION: _____

COMPANY NAME: _____ TITLE: _____

PHONE NUMBER: (Day) _____ (Evening) _____

EMAIL ADDRESS: _____

UNIONS/GUILDS/ORGANIZATIONS: _____

AWARDS: (Add pages if necessary): _____

OVERALL CAREER/BUSINESS GOAL: _____

LIST THE 5 AREAS IN WHICH YOU BELIEVE YOU NEED GUIDANCE: 1. _____

2. _____

3. _____

4. _____

5. _____

WHAT IS THE GREATEST OBSTACLE YOU FACE IN YOUR PURSUITS?

AT THIS POINT IN YOUR CAREER/BUSINESS PURSUITS, YOU FEEL (check all that apply):

- Stuck Frustrated Discouraged Excited Encouraged Psyched Spinning your wheels
 Can't seem to get things going Need a fresh perspective or approach Need consistent follow-up & follow-through
 Have no idea *what* the next step is Have no idea *how* to take the next step Need to build confidence
 Need pragmatic guidance Need to be held accountable Need to expand circle of connections

WORKSHOP COST

- Women Helping Women Members: \$50 monthly payment (MUST provide membership number)
- Non-Women Helping Women Members: \$75 monthly payment (\$60 first payment only if paid by Dec. 3, 2011)

DEADLINE FOR FIRST PAYMENT: DECEMBER 31, 2011

To guarantee your seat for this workshop, you MUST deposit a NON-REFUNDABLE payment, equivalent to the first month's fee - \$50 if you are a WHW member or \$75 if you are a non-WHW member (\$60 for non-WHW members if paid by Dec. 3, 2011).

YES, I WISH TO RESERVE A SPOT FOR THE UPCOMING 2012 CCS INTENSIVE MONTHLY WORKSHOP AND I HAVE ATTACHED ENCLOSED PAYMENT AS FOLLOWS:

Cash (with receipt) Check # _____ Bank _____

Credit Card USING PAYPAL: (Simply go to www.paypal.com and send your payment indicating womenhelpingwomenmail@hgenonline.com as the "send money to" address. Be sure to write in the "Instructions to Merchant" box: "GUARANTEED SEAT CCS--Intensive Monthly Workshop" and list your full name and contact info

MAKE CHECKS PAYABLE TO: **HGEN**

MAIL COMPLETED FORM WITH CHECK PAYMENT TO:
HGEN, 311 N. Robertson Blvd., #553, Beverly Hills, CA 90211

WEBSITE: <http://cbcs.hgenonline.com> OFFICE: (323) 465-9800