

Brilliance Coaching™ and Optimal Wellness Registration Form

Dr. Michael Mendribil

Please print this form and fill out sections 1, 2, and 3, SIGN, then FAX to 203-485-0528 or MAIL to:

Mendribil & Company LLC
25 Lewis Street, Suite 301
Greenwich, CT 06830 USA

We will contact you to arrange a weekly time for your brilliance coaching sessions or optimal wellness consultation upon receipt of this registration form. Your pre-session questionnaire will also be emailed to you at that time. This form is also used to reserve your place in live events.

If you have any questions please call 1-203-861-7810 or email Michael@Mendribil.com

1. Contact:

Full Name _____
Company _____
Address _____
City, State, Zip _____
Home/Work Phone _____ Cell _____
Fax _____ E-mail _____
Website URL _____

2. Registration:

Please indicate which package program you are registering for:

- Born To Be Brilliant - 12-week telephone-coaching package \$2250
- Dreaming Life - 12-week telephone-coaching package \$2250
- Money, Sex and Power (___for men, ___for women) Weeekend \$750
- Money, Sex and Power Weekend (advanced for couples) Weekend \$2500/couple
- Self-Actualization - Weekend \$1000
- Quantum Leap In-Person Coaching Session
Investment: Please select
- \$1250 (for one person) \$2000 (for two to three people) Half Day (4 hours)
- \$2000 (for one person) \$3500 (for two to three people) Full Day (8 hours)
- Optimal Health Consultation In-Person (90 minutes) \$500

Please Note: Registration and payments are due 2 weeks before first coaching session or to hold appointment for Optimal Health Consultation.

Payment Options: (please select one)

Paying by credit card, check here (). If you choose this option, please fill out the information below.

Credit Card number _____

Expiration Date _____

CVV number (3-digit number on the back of your Visa, MasterCard, and Discover cards or 4-digit number on front of your Amex card) _____

Name on card (and company name, if applicable) _____

Billing Address (leave blank if same as above)

Billing City, State, Zip _____

Paying by check, check here ().

If you choose this option, please make checks out to:

Mendribil & Company LLC
25 Lewis Street, Suite 301
Greenwich, CT 06830 USA

All coaching packages are non-refundable but may be applied to coaching or course credit.

3. Other:

How did you hear about Dr. Mendribil, Brilliance Coaching™ and/or the True View Method™?

Have you ever worked with Dr. Michael Mendribil or taken one of his courses? If so, what/how?

Additional questions/comments? _____

Signature

Date