

APPLIED STRATEGIC PLANNING
2021 - 2022

YES! I WANT TO BE PART OF THIS ASP SERIES GROUP!

I am serious. I am committed. I want to go to the next level. I am open to learn, grow, and take appropriate action. I agree to keep confidential any secrets, systems, and information I receive and use them solely in my practice. I agree to complete the questionnaire thoroughly and as honestly as possible. I commit to returning this questionnaire in the requested timeframe. I will attend the full

~ ASP Retreat I – October 21 (2:00 PM) thru 23, 2021 (Stop 4:30 PM) ~

*Dates for Retreat II January 20 thru 22, 2022 & III - Set Collectively - When Group Registrations Complete
In addition, I will schedule a phone consultation with Bob or Co-facilitator to occur prior to ASP Retreat I.*

Name: _____ Practice Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Cell () _____ E-mail _____

Attendees: _____

Payment Method:

- 1. Sign me up** ~for the entire ASP Series Group. Your down payment is \$6,450.00 with registration. \$6,450.00 payable September 21, 2021, **payable by check or ACH**. Remaining balance payable in 10 monthly payments of \$2,438/month posted to your credit card or ACH beginning October 21, 2021. Total investment \$36,280. All your personal meeting expenses – your travel, lodging and food expense are paid in full by clients. *
- 2. Sign me up** ~ I'd like to prepay the entire fee and **Save a Full 5%**. Yes, I want to save \$1,814.00 by writing a check for \$34,466.00 (USD) for the entire ASP Series. Please contact our office to work out details of payment. *
- 3. Sign me up** ~ **I'd like to participate in Retreat I** before committing to the full ASP Series. Your fee is \$12,900 payable by check or ACH. If you choose to continue your remaining balance is payable in 10 monthly payments of \$2,438.00/month posted to your credit card or ACH beginning October 21, 2021. *

*Note - * If less than four offices attending - Fees for travel, lodging and meals for facilitators will be split among participating practices.*

Please charge my monthly: VISA Mastercard American Express

Card # _____ Expiration _____

Signature: _____ Date _____

Statement Mailing Address _____