



## Mastermind2Success™ Registration Form

**FAX FORM TO: 404.585.4322**

### PARTICIPANT INFORMATION

Name \_\_\_\_\_ Company Name \_\_\_\_\_ Industry \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email\* \_\_\_\_\_

*\* Confirmation, start date and program details will be sent via email within 48 hours of receipt of registration*

### PROGRAM REGISTRATION

Please select the program for which you are registering and notate what your Preferred Start Date is:

**KickStart Tele-Mastermind** Preferred Start Date: \_\_\_\_\_ Fee \$69/month  
Monthly Calls 8-10 Business Owners 2 Hour Calls

*\*Unless specified as a company group, the 8-10 members will be from non-competing businesses and industries*

**RightStart Mastermind** Preferred Start Date: \_\_\_\_\_ Fee \$199/month  
Monthly Face To Face 8-10 Business Owners 3 Hour Meetings

*\* Face to Face meetings are currently only available in Atlanta Ga. Unless specified as a company group, the 8-10 members will be from non-competing businesses and industries*

**MBA Mastermind** Preferred Start Date: \_\_\_\_\_ Fee \$399/month  
Monthly Face To Face 8-10 Business Owners 5 Hour Meetings

*\* Face to Face meetings are currently only available in Atlanta Ga. Unless specified as a company group, the 8-10 members will be from non-competing businesses and industries*

### PAYMENT METHOD

Check (make payable to The Boas Group)

Credit Card:  Visa  Mastercard  Discover

Name (as it appears on card) \_\_\_\_\_

Account # \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_



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### Pre - Assessment

*Please take a moment to respond to the following questions so we can be sure that your needs and expectations are met with the appropriate mastermind group.*

1. How long have you been in business? \_\_\_\_\_

2. What is the revenue volume of your business? \_\_\_\_\_

3. What 3 specific challenges would you like to address?

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4. What results would you expect from your mastermind experience?

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Please print and either fax your completed form with indicated payment information to 404.525.4322, or mail your completed form with payment to **The Boas Group, 525 Spring Valley Road NW, Atlanta Ga, 30318**. Email [theboasgroup@theboasgroup.com](mailto:theboasgroup@theboasgroup.com), or call (404) 997.8074 for any additional information needed.

Thank you! Your confirmation will be sent within one week of receiving your registration and then you will be ready to accelerate your success with a Mastermind2Success program that is right for you.

Good luck and have fun!