

Strategy Session Application . . .

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

(Product or service that you sell) \_\_\_\_\_

To whom do you sell? \_\_\_\_\_

What is going on in your Biz that prompted you to apply? \_\_\_\_\_

\_\_\_\_\_

What do you feel could be improved in your selling? \_\_\_\_\_

\_\_\_\_\_

What dollar value is a client worth to you? \_\_\_\_\_

What amount do you spend (time and money) on professional development?

\_\_\_\_\_

(1-10) How ready are you to improve your selling skills? \_\_\_\_\_

Please see other questionnaire about your sales effectiveness.