



**The New Coaching and Mentoring Program with  
Dr. C. Dexter Wise III**

Yes! Sign me up for the New Coaching/Mentoring Program with Dr. C. Dexter Wise III. I would like to sign up for the program checked below.

**Monthly One Hour Conference Coaching Phone Call with Dr. Wise:**

3 months: \$150 total       6 Months: \$300 total

**Monthly Personal Phone Coaching with Dr. Wise:**

3 Months **half hour** each month: \$300 total       3 Months **one hour** each month: \$450 total

6 Months **half hour** each month: \$600 total       6 Months **one hour** each month: \$900 total

**Please charge my credit card in the following manner:**

3 Months **one hour** Conference Call: \$150 once on date listed below prior to the first session

3 Months **one hour** Conference Call: \$50 per month on (day of month) \_\_\_\_\_ for three months

6 Months **one hour** Conference Call: \$300 once on date listed below prior to the first session

6 Months **one hour** Conference Call: \$50 per month on (day of month) \_\_\_\_\_ for six months

6 Months **half hour** Personal Coaching: \$600 once on date listed below prior to the first session

6 Months **half hour** Personal Coaching: \$100 per month on (day of month) \_\_\_\_\_ for six months

6 Months **one hour** Personal Coaching: \$900 once on date listed below prior to the first session

6 Months **one hour** Personal Coaching: \$150 per month on (day of month) \_\_\_\_\_ for six months

**\*TIP: Check with your employer to see if they can reimburse you for this program out of Continuing Education**

I understand that I may pre-pay any amount at any time prior to February 7, 2011. However, if I choose not to pre-pay, I am legally obligated to the above monthly payment schedule.

**Sorry, I cannot sign up for the coaching program at this time. However, please send me:**

Recordings of the Monthly Conference Calls @ \$60 for all three recordings

Dr. Wise's CD series: *Vision: What It Takes to Lead* @ \$50 for the series

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

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

Card#: \_\_\_\_\_ Exp \_\_\_\_\_ Code on Back \_\_\_\_\_

Card Type:  Visa  Master Card  Discover  American Express

Print name as it appears on the card: \_\_\_\_\_

I authorize the above amount to be charge to the above credit card

Signature \_\_\_\_\_

Date (Required for credit card authorizations) \_\_\_\_\_

**FAX THIS FORM ANYTIME 24 HOURS A DAY TO (614) 882-3090**

If paying by check, mail or overnight to: Dr. C. Dexter Wise III, P.O. Box 0771, Westerville, OH 43086

You may also pay online at [www.wiseworksonline.com](http://www.wiseworksonline.com) OR Call in your order to (614) 898-1997.