



“What is Your Exit Strategy?”

VERY IMPORTANT: This essential tool will be used by the IndeFree team in guiding you toward achieving your goals! Your answers should be **true and honest to yourself**. We look forward to helping you achieve the practice of your dreams!

FAX the completed form to **(408) 228-0711**.

Personal Information			
Last Name	First Name	Occupation	Yrs. Practicing
Home Street Address		City	State Zip
Home Ph.	Cell Phone	Email	
Business Information			
Primary Contact Person (other than self)		Title	Length of Time with Company
Business Name (If applicable)		Type: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corp/LLC <input type="checkbox"/> Partnership	Yrs. in Business No. of Employees No. of Locations
Business Street Address		City	State Zip
Business Ph	Contact Person Email Address		

I want you to answer several very important questions regarding your future.

1. What are you wanting to build for yourself? A small one-provider office or a chain of facilities?

2. Will you work it yourself or run from remote after a few years?

3. Do you sell it one day or pass it along to one of your kids? Do you close it when you retire?

4. How much **TIME** (hours per week) are you wanting to spend **TREATING PATIENTS** during your...

Start-up Phase or Renovation Phase	Yr 1	Yr 2	Yr 3	Yr 5	Yr 10	Yr 20	Yr 30

5. How much **TIME** (hours per week) are you wanting to spend **WORKING OUTSIDE THE OFFICE** on business matters during your...

Start-up Phase or Renovation Phase	Yr 1	Yr 2	Yr 3	Yr 5	Yr 10	Yr 20	Yr 30

6. How much of a **PRIORITY** will you make it in your life during your... (check the appropriate boxes)

	Start-up Phase or Renovation Phase	Yr 1	Yr 2	Yr 3	Yr 5	Yr 10	Yr 20	Yr 30
70-100%								
40-70%								
10-40								

7. How much **MONEY** are you wanting to be *spending* or *making* (indicate with a – or + sign) during your...

Start-up Phase or Renovation Phase	Yr 1	Yr 2	Yr 3	Yr 5	Yr 10	Yr 20	Yr 30

(Please use additional pages if needed)

1. What type of image or reputation are you planning to present through your business? Does it matter?

2. What will you do with the money you earn through your business?

3. How will you spend the time afforded you by your business?

4. What will be the most important thing in your life (your #1 priority) during ...

Yr 1	Yr 2	Yr 3	Yr 5	Yr 10	Yr 20	Yr 30

5. How badly do you want the dream you're describing?

0-----3-----6-----9---10
Not at all Pretty badly Very badly With all my heart

6. How confident are you in knowing how to achieve this dream for yourself?

Congratulations on completing this very important exercise. It is extremely important in helping us guide you toward the dream you are wanting to attain.

Once your payment processes, you'll receive a confirmation via email along with date/time options for your first coaching appointment. We may request items such as business plans, past financial statements (such as PNL's), marketing materials, etc. Your card will only be charged the agreed upon amount that was discussed with you previously. Please call us if there are any questions.

Payment	Authorization
<input type="checkbox"/> Check/MO: # _____ Dated _____ <input type="checkbox"/> Credit Card: _Visa _MC _AmEx _Discover Name on Card _____ Card No _____ Exp Date _____ 3/4 Digit Code _____ Address associated with card: _____	I AM PURCHASING INDEFREE ASSOCIATION'S COACHING PROGRAM AND/OR PRODUCTS OR SERVICES AT MY OWN RISK. NEITHER INDEFREE CORP. NOR ANY OTHER PARTY INVOLVED IN CREATING, PRODUCING, OR DELIVERING THE PRODUCT OR SERVICE IS LIABLE FOR ANY DIRECT, INCIDENTAL, CONSEQUENTIAL, INDIRECT, OR PUNITIVE DAMAGES ARISING OUT OF YOUR RELIANCE ON, OR USE OF, THE PRODUCT OR SERVICE. I AUTHORIZE PAYMENT FOR THE AMOUNT AND METHOD INDICATED. Signature X _____ Date _____

Thank you for trusting me and the IndeFree Association. We promise to do our best to help you achieve your goals and dreams!

Sincerely,



James Ko, MPT, President/Founder
IndeFree Association

FAX the completed form toll-free **(408) 228-0711**.