The Unique EDGE®

Confidential Application Form

Toronto:
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Toronto, ON, Canada
M6K 3J9

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1.800.387.3206
f: 416.531.1135

Please fax back to 416.531.1135

Name (First and Last) | Common Name | Birth Date (M / D / Y)

Mailing Address

City | Province/State | Postal/Zip Code

Grade/Education Level | Kolbe A Score (if known)

Phone Number | Fax | Email Address

Entrepreneur's Name | Relationship

Please indicate any specific dietary needs:

❒ Vegetarian ❒ Allergies — Please specify ________________ ❒ Other — Please specify________________

Please select workshop location:

❒ **TORONTO August 16, 2008 • CAD $795**

The materials and concepts of The Unique EDGE® (the "Program") are presented to each participant in order to help him or her achieve extraordinary goals. The Program will help you think through your goals and strategies, and provide a structure to help you focus more efficiently. It is not a substitute for the advice of your accountant, lawyer, or any of your advisors, personal or professional. This is a reminder that any reproduction, presentation, transmission, or commercial use of the trademarked terms, Strategic Coach® and The Unique EDGE®, or of the concepts, strategies, methods, materials, and all other trademarks, copyrights, and intellectual property of Strategic Coach in any media, now known or hereafter invented, is prohibited without express written permission from The Strategic Coach Inc. The use of any device, now existing or hereafter invented, to make an audio and/or visual recording, transmission, or broadcast of any workshop session, in whole or in part, is also prohibited. Program content is constantly being enhanced and may vary from session to session. Strategic Coach reserves the right to adjust eligibility criteria and to decline your continued participation for any reason at any time. Strategic Coach reserves the right to reschedule sessions and/or substitute coaches.

"I hereby apply for acceptance into the one-day session indicated above. I acknowledge that all of my decisions and actions, and the consequences of such decisions and actions, whether made in the context of this session or not, are entirely my own responsibility. I also acknowledge that I am an adult and that before, during, and after the Program, I am responsible for my own conduct. Therefore, I release The Strategic Coach Inc. from any liability for my actions and well-being other than that of a normal business relationship during the hours of the Program. As well, should I choose to accept an offer from Strategic Coach to provide and/or arrange transportation to or from the Program, I release Strategic Coach from any responsibility during such transportation. I understand that Strategic Coach does not rent, sell, or otherwise disclose personal information to any third party; however, I do agree that my contact information can be made available to other participants in my workshop series to facilitate communication between the participants, and not for solicitation purposes. I understand that the enclosed fee is non-refundable and non-transferable."

(If you are under 18 years of age, then both signatures are required on this form, and the Additional Release Form must be completed and returned.)

X
Signature | Date

X
Parent/Guardian Signature(s) | Date

❒ Check made payable to The Strategic Coach Inc. enclosed/attached.

Credit Card Number | Expiry Date

I hereby authorize The Strategic Coach Inc. to charge the credit card account number above in the amount of__________

X
Cardholder Signature

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