

**Client Agreement and Terms- 4 Lesson Program-Vision Your Future Now-Foundation Series 1**

The Vision Your Future-Foundation Series 1 is presented in four logical, simple and practical lessons, to

ensure that the methods and success mindset become a part of each individual's thinking, actions and results

and translate into an exceptional return on investment for you.

Acclaimed teacher, Bob Proctor, CEO - Sandy Gallagher and a “LEI Associate” and or a “Thinking Into

Results” Facilitator will guide you through this innovative, individual, leadership development program.

The comprehensive program/course and targeted curriculum includes:

 6 Month Digital Access to The Program\*

Lesson 1: A Worthy Ideal

Lesson 2: The Knowing-Doing Gap

Lesson 3: The Secret Genie

Lesson 4: Trample the Terror Barrier

**Additional Program Content Includes:**

 Experiential Learning through digital participants guide and worksheet.

 Eight (8) additional Downloadable Audio Lesson by Bob Proctor

 Seven Articles for enhanced learning

 3 Bonus Audio Lessons

 One (1) Monthly (1) one hour Group Facilitation Sessions (Zoom Meeting)

 One (1) Monthly Group - Q&A Sessions-Group Sessions (Zoom Meeting)



**“VISION YOUR FUTURE NOW”- Foundation Series 1 - Tuition**

1. Program Price $897 Single Use License-six (6) month and facilitation program access.
2. Three equal payments of $299.00 (total includes process fees: $897)
3. Program Paid in Full: **$762.45**
4. Tuition and Enrollment Online [www.beyondthemindseye.today](http://www.beyondthemindseye.today)
5. Coaching Facilitations per schedule (or per agreement) via Zoom conference.
6. Group Facilitations Only.
7. Facilitations via Zoom Conference
8. Participants guide is only available in digital format.
9. Individual Facilitations are available per agreement with LEI Associate at an additional fee per written agreement in terms.
10. Includes - 1 monthly – Q&A Laser Group Sessions (per schedule) via Zoom Video conference.
11. Free Participants Private Facebook Membership to collaborate with Life Empowered Institute - Beyond the Mind’s Eye and TIR community.
12. PRAXIS-Membership included with the Program.
13. Upgrade to **Thinking Into Results** Program available within the first 6 month. Credit of $495 to be applied to TIR Single License investment. Upgrade to life-time 12 lesson TIR program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The service provided to the CLIENT is as per the program outline above. All information provided by the

CLIENT will be kept strictly confidential. The CLIENT understands that facilitation and coaching is not advice;

psychotherapy or counseling and those professional referrals will be given if needed. The CLIENT enters into

coaching with the understanding that they are responsible for creating their own results.

**The CLIENT(s) agrees to the following:**

1. LEI & Vision Your Future Now – Series 1 Program Facilitation sessions (4 per over 6 month period) are done per schedule. Video or Webinar are interactive for Q&A and discussion (note: scheduling of facilitations are subject may be

subject to change). Facilitation Sessions may be recorded. LEI and or LEI Associate will provide Facilitation Session Schedules are posted on Events Schedule on our website and or on Our Community Facebook page.

2. Be honest and participate fully. Recognize that the facilitations and mentoring sessions are a way to

look at what you really want, and what it will take to make it happen.

3. Make a commitment to completing all of your assignments and to the action plans you create, and do

what you have agreed to do.

4. Facilitation and program (TIR) fees per agreement are collected before beginning the “Vision Your

Future Now” – Foundation Series 1 program is activated. There are No Refunds. Due to the nature of



the Program you cannot receive a refund for the Program or any component event regardless of whether you attend the events or not. All funds will be deemed earned upon enrollment into program.

5. Any unpaid balances not paid within the terms of this agreement. Program access will be terminated until balance(s) are paid. Program Re-Activation Fee of $250.00 to be paid with balance(s) due.

6. Any modification to the above terms and conditions to be made by addendum and agreed to by all parties.

The CLIENT’s signature (or electronic email return Subject Line Agree) on this agreement indicates

compliance with the above requests and understanding of the services provided. I offer my signature below in

full agreement with the terms and conditions of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(Client Name) Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

LEI Associate/TIR Consultant Facilitator Date



**PAYMENT OPTIONS ----------------OFFICE COPY TRANSACTION RECEIPT**

❒ Tuition Installment Plan $897

❒ Full payment - $762.00 + Taxes if applicable.

❒ 50% Down Deposit of \_\_\_\_\_\_\_\_

Balance Due: \_\_\_\_\_\_\_\_\_

Balance Due per agreement. (not to exceed 45 days)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Deposit of 299.00 $ + 2monthly payments of $299.00 (program includes finance fee: total $897)

**Payment Method**

❒ Credit Card: ❒Visa ❒MC ❒Amex ❒ Discover ❒ Check

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date: \_\_\_\_\_\_\_ CVS: \_\_\_\_\_\_ Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount charged:

Date:

**Contact Information (need Complete INFORMATION)**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Holder Signature** Date

Office Use Only

Invoiced Date: Date Received: Amount:

Invoice #:

Balance Due: $

Full Balance Due on or Before: $

Payment Dates: on or before Enrolled Date: Notes: