

# TransEgo Therapy and TransEgo Life Coaching

Division of The InnerGuidance Network

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## Client Data & Life Coaching Agreement

Please complete this agreement and mail to above address with invoice and payment.  
Thank you!

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

Address: \_\_\_\_\_

City, State, Country: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Children (Names & Ages): \_\_\_\_\_

### COACHING TERMS

I commit to a coaching process of 3 months, which includes

▶ 9 phone sessions of 50 minutes (typically 4 session in the 1st month, 3 sessions in the 2nd month, and 2 sessions in the 3rd month) and up to 2 emails/week.

#### Additionally, I will receive:

- ▶ Access to the online campus of the InnerGuidance Network,
- ▶ The annual handbook of the InnerGuidance Network,
- ▶ A copy of The ClearView Conspiracy (spiritual adventure novel),
- ▶ The CD "Rejuvenation for Body and Mind"
- ▶ \$25 fee-reduction for optional additional sessions (within that 3-month period).

**Fees:** \$1350.00, or 3 installments of \$495 for 3 months

I will pay my fee of \$1350 in full or 3 monthly installments of \$495, payable to The InnerGuidance Network by credit card/PayPal, or by mailing a check (or international money order) to PO Box 224, Bethlehem, PA 18016-0224, USA. For credit card payment, go to: [www.transegotherapy.com/Appointment/paymentform.htm](http://www.transegotherapy.com/Appointment/paymentform.htm).

The payment is to be received one week before the first session. Life Coaching may be tax deductible as a business expense. Please check with your CPA.

I understand that I am responsible for all my decisions, actions and feelings and that my Life Coach works with me in the capacity of a coach and not a psychotherapist. Phone call expenses are included for calls within the USA. However, I understand that the InnerGuidance Network is not responsible for international calls.

**Cancellation Policy:** I will contact my Life Coach per email or phone **24 hours** or more in advance to reschedule appointments, otherwise I will be charged for the missed session.

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