



REMEMBER TRUTH - CHOOSE LOVE - CREATE VALUE

## **ENLIGHTENED ENTREPRENEUR – PLATINUM COACHING AGREEMENT**

The signatures affixed to this agreement represent the commitments by all parties as outlined below.

\_\_\_\_\_  
(Your Name), "Client" understands he/she is entering a behavior modification program and coaching relationship with Steve D'Annunzio, "Mentor," requiring a one year commitment to the Enlightened Entrepreneurial training. In return for the agreed upon remuneration, the Soul Purpose Institute (SPI) agrees to provide the following:

- ❖ A maximum of thirty (30) ~~forty-five~~ minute individual mentoring sessions with Steve D'Annunzio over the next twelve months, dates to be determined. *There are no mentoring calls during July or the last two weeks of December.*
- ❖ Complete access to our on-line resources, seminars and webinars.
- ❖ All coaching materials (*The Prosperity Paradigm* Book; Coaching Activity Workbooks w/ Exercises; Meditation CDs and/or MP3s; the Soul Purpose Development Test; quarterly Reality Statement Cards; and other discretionary materials that support cognitive restructuring.
- ❖ Participation in a Study Group of other like-minded SPI students to reinforce learning.

"Client" agrees to the following policies to maximize his/her Coaching Experience:

- ❖ All telephone coaching calls during mentoring sessions are initiated by "Client."
- ❖ Allocate at least one hour for each session.
- ❖ Complete "Action Steps" that accompany lessons prior to participation in the next mentoring session.
- ❖ Have remuneration in place prior to the first mentoring session and must remain current on payments to continue participation in scheduled mentoring calls. *\*See addendum for information regarding methods of payment.*

**Tardiness and Missed Sessions:** The duration of each session is approximately forty-five (45) minutes. It is the Client's responsibility to be present for all telephone calls at the prescribed times. In the event of tardiness, the session will be limited to the balance of the allocated time. We understand unexpected emergencies arise like serious family issues or severe personal illnesses; consequently, mentoring sessions may be rescheduled at no charge. Other reasons for absence, such as impromptu meetings, will not be acceptable for rescheduling and are at additional cost to the Client at \$500/hr.

**Recording:** The SPI gives permission for session recording at the Client's expense and by his/her preferred method.

**Study Group Sessions:** Study Group participation is a critical part of the program and highly encouraged.

**In the event that you should decide to terminate participation, you will be billed for the unpaid program balance due.**

**Please sign below indicating that you have read, understand, and agree to the terms of the Coaching Agreement and Payment Addendum.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
SPI SIGNATURE



**PAYMENT ADDENDUM**

- Payment Frequency:**            Semi-Annual – Two payments of \$5,500 each  
         Monthly – Twelve payments of \$1,000 each, totaling \$12,000
- Payment Arrangements:**            Check *(made payable to Enlightened Entrepreneur, LLC) No annual payments*  
         Credit Card *Semi-Annual or Monthly*  
         Other \_\_\_\_\_

<i>Primary Credit Card</i>	<i>Secondary Credit Card (Used only if Primary is declined)</i>
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
Name on Card: _____	Name on Card: _____
Acct# _____	Acct # _____
Expiration Date ____/____/____    Sec. Code: _____	Expiration Date ____/____/____    Sec. Code: _____
Billing address: _____	Billing address: _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____

**It is understood that your participation will not begin until all paperwork is received and payment has cleared.**

***Please Initial Here*** \_\_\_\_\_

Pleas remit both pages of this document by fax to 585.295.7798  
email to [jim@soulpurposeinstitute.com](mailto:jim@soulpurposeinstitute.com)  
or mail to 31 Harrison Terrace, Rochester, NY 14617

Additional Notes:

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FOR OFFICE USE:

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