

VIP Half Day Application

Return to:

christy@dementiasherpa.com

Your Name:		
Loved One's Name	:	
Relationship To You	ı:	
Diagnosed? Y/N	If yes, diagnosis:	Year of Diagnosis:
What year did you	first notice symptoms (wh	nether diagnosed or not)?
If no diagnosis, why	/ not?	
If no diagnosis, why	/ do you suspect dementi	ia?
If you could wave a	magic wand, what are th	ne top three
problems/challeng	es you would eliminate?	
1)		
2)		
3)		
The top three thing	gs holding you back from	fixing/addressing these
problems/challeng	es are:	
7)		
2)		
3)		

Signature:	Date:
Y/N I understand my VIP Half Day is non-refu	undable but may be rescheduled if necessary.
Y/N I understand my VIP Half Day will not be	e scheduled until I've made full payment.
Y/N I understand I can make one payment o	of \$997 USD or 3 payments of \$335 USD.
Y/N I understand no payment is due until m	y application has been accepted.
Y/N I understand that for best results, I'll nee	ed to implement recommended changes.
and Christy cannot change that.	
Y/N I understand dementia is a chronic, prog	gressive, incurable, terminal disease process
must be complete. Once scheduled, VIP Days may only be	rescheduled in case of emergency. Private clients are in a 6 month non-cancelable agreement. Bring your commitment
I am ready to help you. I work with kind, caring families who life for their person. Success requires action and commitmed success. I will provide you with a solid plan and the action of are non-cancelable 3 days after purchase, and a non-refund	nt on your part, and you are the greatest predictor of your teps necessary to achieve the results you desire. Programs
committed do you feel to taking actio	n?
On a scale of 1 to 5, with 1 being "comp	oletely" and 5 being "not really," how