

Coaching and Consulting Agreement

(Please fill out this form in black ink.) I have read on www.DrMoine.com the description of the professional coaching and business building services offered by Dr. Donald Moine and Association for Human Achievement, Inc. and I agree with the terms and conditions. This agreement is entered into in Los Angeles County, California. I (my company) qualify for the following:

_____ **Corporate Consulting:** For **companies** with revenues of more than \$20 million per year. \$750 per hour.

_____ **Discounted Individual, Financial Advisor, Professional Speaker and Small Company Rate:** \$500 per hour.

_____ **Deep Discounted Rate:** I am a **financial advisor** whose firm brings in less than \$1 million per year. \$350 per hour. This deep discounted rate is subject to the availability of Dr. Moine's time and may not be available when you apply.

Retainer Clients: If you would like to reserve a certain number of hours of Dr. Moine's time, send an email to DrMoine@aol.com or a letter stating the number of hours you would like to reserve. We will get back to you with information on Dr. Moine's availability.

Projects: If you would like a fixed price for a marketing, business building or investment project, send a brief description of the project to DrMoine@aol.com.

Agreement: I would like to work with Dr. Moine and I qualify for the above rate. Below is the method of payment I will use (check or credit card). Hourly coaching and consulting sessions are normally billed on the day services are provided. Writing, advertising, marketing and investment management work is normally billed monthly or quarterly. Please bill the following credit card for services delivered. I understand that the charge will appear on my credit card statement next month under "Assoc. for Hum. Achievement, Rolling Hills, CA" or a similar abbreviation depending on my credit card.

Credit card: VISA MasterCard American Express (we do not accept Discover)

Card Number _____ **Expiration Date:** _____

Exact name on Credit Card (Print clearly) _____

Agreed to by (sign) _____ **Title:** _____ **Date:** _____

I am mailing my check for \$ _____ to reserve _____ hours with Dr. Moine. Make your check payable to **Association for Human Achievement, Inc.** and mail to 904 Silver Spur Rd., Suite 656, Rolling Hills Estates, CA 90274.

Corporate Retainer: We are mailing our check for \$7,500 to reserve ten hours of consulting with Dr. Donald Moine. Make payable to **Association for Human Achievement, Inc., 904 Silver Spur Rd., Suite 656, Rolling Hills Estates, CA 90274.**

Print Name: _____ Title: _____

Company: _____

Address: _____

City, State, and Zip Code: _____

Phone Number: _____ FAX: _____ Email: _____

Website: _____ Licenses Held: _____

Years in this business: _____ Prior careers: _____

Do you own this business? _____ Description of Business: _____

Feel free to email us a brief description of your goals or you can cover this in your first consulting session with Dr. Moine

If using a credit card, please **fax this completed 2-page form** to AHA, Inc., at **(310) 378-2742**. If sending a check, please mail to the above address. Upon receipt of your fax or letter, we will call or email you to set a **convenient time** to work with Dr. Moine.

All of the above fees may be tax-deductible. Consult your tax advisor. We look forward to helping you achieve your business and investment goals. **-Dr. Donald Moine**

Accepted by Assoc. for Human Achievement, Inc. _____ **Date:** _____