

THE GREAT GAME OF BUSINESS MASTERMIND PROGRAM 2011

APPLICATION FORM

Full Name _____

Address _____

Email _____

Phone _____ Mobile _____

Company name and ABN _____

Position/Title _____

What are you most looking to receive and achieve from the Mastermind Group?

What can you best offer this Mastermind Group? _____

What are some of your current obstacles/challenges/issues that you face that you would like resolved as soon as possible? _____



Contact: Dr Ilan Kogus
E : ilan@kogus.com.au M : 0412 120 415 W: kogus.com.au
or: mish@kogus.com.au

APPLICATION FORM page 2

What is your commitment to moving forward in your business/work and your personal life?

If you know, what is your critical number?

There is a \$350 deposit required to complete the registration & to secure your place.

Please Direct Deposit to - Kogus Associates Pty Ltd
BSB: 062 230 Account: 2803 0664
Commonwealth Bank of Australia

OR



Please fax this form to: (02) 9398 9173 or scan & email to: ilan@kogus.com.au
Your details will be confirmed by email once application & deposit have been received.

Disclaimer

In agreeing to join the Kogus Associates Mastermind Program, you, the Participating Company, agree not to hold Kogus Associates, its officers, employees, consultants, Program facilitator, assistants and presenters in the Program and any sponsors or supporters of the Program, including the New South Wales Government and the New South Wales Department of State and Regional Development, responsible or liable in any way, whether at law or equity, for any advice, information, suggestions or other like communications provided to you by Dr Kogus (the program facilitator), presenters in the Program, do not warrant the accuracy, veracity or soundness of such Communications.

Privacy

In relation to companies completing the Application Form (and accepted into the Program):
(a) various information is being collected and will be made available only to Dr Kogus and NSW DSRD
(e) the provider of information has the right of access to, and correction of, that information,

Confidentiality

Kogus Associates and you agree to maintain the confidentiality of any participating company's confidential information and will prevent its unauthorized disclosure to, and use by any other person, firm or company.

Agree

Name _____ Date _____ Signature _____



Contact: Dr Ilan Kogus
E : ilan@kogus.com.au M : 0412 120 415 W : kogus.com.au
or: mish@kogus.com.au