

Capital Consultants Training & Learning Systems
(CCTLS)
Attendee Profile

This confidential profile information will assist CCTLS to consider and qualify attendees for our training and learning systems. If additional space is needed please attach a separate page with more details! Once completed please fax it back to _____ for prompt attention. **Thank You!**

Personal Information:

Your Name: _____

Home Address: _____

City: _____ State _____ ZipCode _____

Home Phone: () _____ Work Phone () _____

Cellular Phone: () _____ Fax: () _____

E-Mail Address: _____

Educational Background: _____

Do you belong to any associations, clubs, or organizations? _____ If so, tell us about them?

Can you supply Character references? _____

Employment Information: (Your employer will **NOT** be contacted)

Current Place of Employment? _____

Position/Title: _____

Present Salary: _____

Financial Information:

Current funds available for investment in a new business: \$ _____

What is your yearly income goal? \$ _____

What is your current estimated net worth: \$ _____

General Information:

Do you have any experience in the financial industry, sales, or management? If so, please explain: _____

Have you ever established a legal entity? _____ If so, what State and Legal Name of Entity?

What type: Corporation ___ LLC ___ LP ___ Non-Profit ___ Other: _____

Do you have a business web site? _____ If so, what is the domain? _____

Will you consider a partner for a new business venture? _____ If so, will this partner be active in the day-to-day operations? _____

How did you hear about our training & learning systems? _____

If qualified, when would be prepared to start your business? _____

This is a confidential evaluation profile. It does not represent a contract or warrant acceptance for any CCTLS training and learning seminars.

Print Name: _____

Signed: _____ Date: _____

Please fax to our consideration dept. for prompt attention @ 801.665.1807