

# **YogiLifePro Business / Corporate Client Intake Form**

Complementary Medicine Services, Wellness Programs, Events, and Workshops

Name					
First Name	Last Name				
Email					
example@examp	le.com				
Phone Numb	er				
Please enter a val	d phone number.				
Address					
Street Address					
City	State				
Country					
How did you	hear about YogiLifeF	ro?			
Referral					
Social Media					
Website					
Advertising	I				

## How may we assist you?

Corporate Wellness Program Corporate Wellness Event Wellness Workshop

#### Ideally, if things turn out precisely the way you want, what would the outcome be?

### When do you want to get started?

1 - 3 months 3 - 6 months 6 - 9 months 9 - 12 months 18 - 24 months 12 - 18 months

24 months +

#### How often would you like Wellness / Complementary Medicine Services provided?

1 day/week 2 days/week 3 days/week 4 days/week

5 days/week

#### How many hours per day?

1 - 2 hrs/day 2 - 4 hrs/day 5 - 8 hrs/day 8 - 12 hrs/day

12 + hrs/day

#### **Travel Policy**:

within 24 mile radius of Columbia, MD, no fee

within 25 - 49 mile radius of Columbia, MD \$25

within 50 - 74 mile radius of Columbia, MD \$50 and so on...

~\$25 Travel fee imposed for every 25 miles traveled

## **Cancellation Policy**:

- 48 + hours prior to scheduled event, full refund of deposit
- 24 47 hours prior to scheduled event, 50% deposit
- 23 hours or less prior to scheduled event, 100% deposit