



INNER ACTION Groups
IMPLEMENTATION & RESULTS FOCUSED
APPLICATION FORM
FAX TO: 303-439-2466

Your Name: _____

Company: _____

Date: _____ Email Address: _____

Phone: _____ Position: _____ Years in Position/Working: _____

City: _____ State: _____ Zip: _____

What are your main goals for participating in the Inner Action Groups? What specifically do you want to accomplish?

What are your obstacles, challenges, fears that are currently holding you back from achieving what is important to you?

Describe your personal philosophy and your business philosophy.