

POSSIBLE

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Client Intake Form: Getting To Know You

Contact Information			
Name:		Business Name (if applicable):	
Contact Telephone:		Business Address:	
Email:		Website:	
Birthday: (Month/Date/Year)		Years of Experience:	
Social Media (handle and password):	<ul style="list-style-type: none">• Facebook _____• Instagram _____• LinkedIn _____• Twitter _____• Newsletter (e.g., Constant Contact, MailChimp, etc.) _____• Other _____		
About You			
Describe your current home life:			
Describe your current work life:			
Why did you go into your line of work?			
What does success mean to you?			
What made you seek out Bossible?			
What business areas are you known for/ want to be known for?(List 2-3):			



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<p>Who are your current clients/customers? What would you like your client base to look like?</p>	
<p>Who are your biggest competitors? (List 2-3):</p>	
<p>Who do you admire in your industry? (List 2-3):</p>	
How Bossible Can Help You	
<p>Describe the area you need the most help with:</p>	
<p>What Marketing & Business Development activities are you interested in?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Award Nomination <input type="checkbox"/> Conferences & Events <input type="checkbox"/> Diverse Business Certification (i.e., Women-owned, Minority-owned, Veteran-owned, or LGBTQ-owned) <input type="checkbox"/> Diversity & Inclusion Training <input type="checkbox"/> Marketing & Business Development Plan <input type="checkbox"/> Newsletter Management <input type="checkbox"/> Non-Profits & Professional Organizations <input type="checkbox"/> Public Relations/Press Coverage <input type="checkbox"/> Social Media Management <input type="checkbox"/> Speaking Engagements <input type="checkbox"/> Website Improvements <input type="checkbox"/> Writing Opportunities <input type="checkbox"/> Other:
<p>Rank the top 3 activities that are most important to you (with 1 being the most important):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Award Nomination <input type="checkbox"/> Conferences & Events <input type="checkbox"/> Diverse Business Certification (i.e., Women-owned, Minority-owned, Veteran-owned, or LGBTQ-owned) <input type="checkbox"/> Diversity & Inclusion Training <input type="checkbox"/> Marketing & Business Development Plan <input type="checkbox"/> Newsletter Management <input type="checkbox"/> Non-Profits & Professional Organizations <input type="checkbox"/> Public Relations/Press Coverage <input type="checkbox"/> Social Media Management <input type="checkbox"/> Speaking Engagements <input type="checkbox"/> Website Improvements <input type="checkbox"/> Writing Opportunities



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	___ Other:
Personal & Business Goals	
Personal Goal: In two years I hope to:	
Business Goal: In two years I hope to:	
Personal Goal: In five years I hope to:	
Business Goal: In five years I hope to:	