

# 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(s) of Key Team Members: (Month/Date/Year)		Business Founded: (Month/Date/Year)	
Social Media for Business & Key Team Members (handle and password):	<ul style="list-style-type: none"><li>• Facebook _____</li><li>• Instagram _____</li><li>• LinkedIn _____</li><li>• Twitter _____</li><li>• Newsletter (e.g., Constant Contact, MailChimp, etc.) _____</li><li>• Other _____</li></ul>		
About You			
What made you seek out Bossible?			
What business areas are you known for/ want to be known for?(List 2-3):			
Who are your current clients/customers? What would you like your client base to look like?			
Who are your biggest competitors? (List 2-3):			
Who do you admire in your industry? (List 2-3):			
How Bossible Can Help You			
Describe the area you need the most help with:			



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<p>What Marketing &amp; Business Development activities are you interested in?</p>	<p><input type="checkbox"/> Award Nomination  <input type="checkbox"/> Conferences &amp; Events  <input type="checkbox"/> Diverse Business Certification (i.e., Women-owned, Minority-owned, Veteran-owned, or LGBTQ-owned)  <input type="checkbox"/> Diversity &amp; Inclusion Training  <input type="checkbox"/> Marketing &amp; Business Development Plan  <input type="checkbox"/> Newsletter Management  <input type="checkbox"/> Non-Profits &amp; 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>
<p>Rank the top 3 activities that are most important to you (with 1 being the most important):</p>	<p><input type="checkbox"/> Award Nomination  <input type="checkbox"/> Conferences &amp; Events  <input type="checkbox"/> Diverse Business Certification (i.e., Women-owned, Minority-owned, Veteran-owned, or LGBTQ-owned)  <input type="checkbox"/> Diversity &amp; Inclusion Training  <input type="checkbox"/> Marketing &amp; Business Development Plan  <input type="checkbox"/> Newsletter Management  <input type="checkbox"/> Non-Profits &amp; 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>
<p><b>Business Goals</b></p>	
<p>Business Goal: In two years we hope to:</p>	
<p>Business Goal: In five years we hope to:</p>	