

The World Academy of Personal Development Inc. 4640 Admirally Way, Suite 500 Marina Del Rey, CA 90292

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424.204.6133 PHONE 310.362.8845 FAX

Certified Optimal Thinking Trainer Application

Please complete this form and submit it to **The World Academy of Personal Development Inc.** Your answers will be held in the strictest confidence and will assist us in determining if this is the right business opportunity for you.

Personal Information and Business Background

Name: Home Address:					
Date of Birth:		Social Security Number:			
Mailing Address:					
City:	State:	Zip Code:	Country:		
Business Telephone:		Fax:			
Home Telephone:		Email:			

Business Experience

	М	то	COMPANY	POSITION	ANNUAL INCOME
ave you e rcumstar	ever bee nces and	en bankrup d your curre	t or compromised wi ent liabilities)	th creditors? (If yes, pl	ease describe the
there are	e any lav	vsuits pend	ding against you, give	e details:	
there are	e any lav	vsuits penc	ding against you, give	e details:	
				e details: a traffic offense, give o	details:
					details:
					details:
					details:
you have	e been c				details:
you have	e been c	onvicted o		a traffic offense, give	details: YEARS COMPLETED
you have	e been c	onvicted o	f a crime, other than	a traffic offense, give	
you have	e been c	onvicted o	f a crime, other than	a traffic offense, give	
you have	e been c	onvicted o	f a crime, other than	a traffic offense, give	
you have	e been c	onvicted o	f a crime, other than	a traffic offense, give	

Interests/Community Participation/Memberships

Business Objectives

Which geographical location(s) are you most interested in? Please provide details of city, state and population.

Are you interested in obtaining an exclusive license in this location(s)?

When would you be able to begin?

Will anyone else be assisting you (partner, investor, consultant, etc.?) Please fill in names, addresses and contact information below.

Name:				
Address:				
City:	State:		Zip Code:	Country:
Business Telephone:		Fax:		
Home Telephone:		Email:		
Name:				
Address:				
City:	State:		Zip Code:	Country:
Business Telephone:		Fax:		
Home Telephone:		Email:		
Name:				
Address:				
City:	State:		Zip Code:	Country:
Business Telephone:		Fax:		
Home Telephone:		Email:		

Why do you wish to become an Optimal Thinking Certified Trainer?

How	will	you	finance	your	start-up?

I declare the information above is correct to the very best of my knowledge.

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Date:

Print this Application Form and submit it with your payment to:

The World Academy of Personal Development Inc., 4640 Admiralty Way, Suite 500 Marina Del Rey, CA 90292, U.S.A.

or fax it to us at:

(310) 362-8845

or email it to:

info3@optimalthinking.com.

A representative will contact you within three business days.