



# 90-min Alignment Session

## INTAKE FORM

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**YOUR NAME:**

**YOUR EMAIL:**

**YOUR WEBSITE** (if applies):

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**Describe your level of familiarity with the concept of 'Getting In Alignment'?**

*(Have you read Amber's book, gone through the Foundational Four Framework exercises, have no familiarity but like the concept, etc.)*

**Tell me a bit about yourself.** *(Perhaps a bit about your life story, why are you drawn to get in alignment, what feels like a blind spot, etc.)*

**Tell me a bit about business** (if applies) **or general vision.**

**What do you hope to walk away with after our time together?**

**Is there anything else you want me to know?**