Get Paid to Get Clients Acceleration Program, Session #2

GEORGE:

Welcome to Session #2 of the Get Paid to Get Clients Acceleration Program and just some quick logistics here, if you want to submit questions throughout today's session, you can use your control panel and type questions into the box.

And today, my extraordinary client care coordinator, Jill, is with us and she'll be monitoring questions throughout today's sessions. She'll answer you directly if she needs to; and then, she'll also alert me to questions as well.

If you want to raise your hand to ask a question that you want to have addressed by phone, then, just hit click the hand icon to raise your hand, and either Jill or I will unmute your line so you can ask a question or make a comment.

Finally, this control panel that allows you to ask questions and change your settings, if it's in your way and you can't see the screen, you can open and close your control panel by clicking on the orange button; and then, finally, invariably, sometimes, the screen disappears and you can't see the presentation. That happens fairly often with our participants. So, if your presentation mysteriously disappears from the screen, chances are that you accidentally minimized the viewer window. You can bring it back by clicking on the "Go to webinar" icon that's usually at the bottom of your screen. If all else fails, just look around for a window that has this orange cauliflower.

So, what we're going to do today is, one, through go questions that you may have from last week; and then, we're going to review where we've been so far. Also, if you have questions about accessing the training session in Mission #1 material, we'll go through that as well.

And then, I'm going to take you through the next steps in the sequence of using introductory sessions that are either paid or for free. And then, we're going to go into developing new skills and creating new tools. And then, we'll close out with your next assignment which is Mission 2.

So, first things first—I just want to see if there are questions that you have from last week's training and/or the mission. Jill, can you unmute everybody?

JUDY: My question is kind of a follow up on the assignment so I don't know if you want to get to that right away. But it has to do with the questions on the business … kind of blueprint questions that we asked; and you had some questions for me. And so, I just wanted to get some clarification on that.

GEORGE: What Judy did was she sent me her snapshot. I took a look, and I asked her some more questions regarding her audience. What we'll do, Judy on Thursday at the workday is we're going to go through that more extensively. And for anybody who submits theirs, I'll give critiques and have them actually go fix things on the spot.

But the general response to your question is when you put in together your snapshot question which is the main assignment from last week, you want to have your specific audience in mind; and when you have your specific audience in mind, in particular, you want to be thinking about what their burning issues, problems, and challenges are; and what it is that you need to know about that audience to determine whether they're a good fit for working with you and if you're a good fit for working with them.

I guess the best analogy is kind of like a screening filter, but the best analogy in the medical world is you're using the snapshot as an x-ray. And when we come to the point in this training where you're going to build that strategic session out, think of your strategic session like a CT scan or an MRI. It's a lot more detailed. It not only helps you with screening out clients, but it also helps you to understand how best to help and serve them.

Was that helpful, Judy?

JUDY: Yes, I used some of your questions because they're really good, but I'm just thinking that I probably didn't go deep enough in terms of thinking about what my ideal client is. Okay, cool, thank you.

GEORGE: I do have one comment. So, a couple of you sent me your snapshot questionnaires, not the one for your clients but the one that I had asked you to fill out for your business. And I discovered to my horror last night that they had actually gone to my junk mail. So, I'll take a look. If I haven't acknowledged that I saw your snapshot, that's because it probably went to my junk mail. I just figured it out last night.

And if you have not submitted your snapshot for your business, please do so. I'd like to see it. It helps me to understand where you are and how I can best serve you throughout our training program.

Let's review were we where last week, where we've started, and where we've come. We started last week with the 60,000-foot view and the 60,000-foot view looks like this; you have access to

this diagram in the Mission1 training material. And this is just a sequence of the phases of clients flowing through your business and the sequences look like this.

And the reason I'm going to repeat them for you even though you've seen them last week is because repetition is the key to mastery; and the more you can repeat this material, the better you'll understand the structure of it.

There is the attraction phase, and that's when your client first comes to you; and then, there's the exploration or discovery phase; and then, there's the client conversion phase; and then, the client consumption phase or the delivery phase where you're actually working with the client using your signature system.

And in the attraction phase, there are a number of different ways you can generate leads. Probably the top ones for you are referrals, speaking, writing, networking, strategic alliances, and internet and social media.

And after that, you go into the discovery or exploration phase which includes this initial fact finding mission; and that's where you're having this initial conversation, and then you're also pre-qualifying people along the way both verbally through your conversations and also through your snapshot questionnaire.

Then, of course, you lead into your strategic session, if that's appropriate.

So, that fact finding is through one or more initial conversations that could also be through email or a combination. And then, the pre-qualification is through those conversations you're having but in those initial conversations, you're really trying to see if you can help this person out in what their real issues are.

And then, of course, you have them fill out a snapshot questionnaire, if that's appropriate. And then, if appropriate, after that, you invite them to a strategic session.

Now, this next piece is what I call the “core client process” or “signature system.” That's your stepwise methodology that takes your client, customer or patient from where they are now to where they say they really want to go.

In a later session, we're going to go through the specifics of developing and clarifying your core client process.

Your strategic session is really a road map and it gives your potential client or actually your real client a path, a road map for accelerating their business growth or their personal growth, if you're working with people personally.

And, again, we'll get into the specifics of building out your strategic session; and also, as part of building out your strategic session, you'll help your client through what can be a complex decision making process. And we'll actually get into some of that today.

During that strategic session, you want to clarify what their options are and how to simplify that decision making process for them. And you'll find that this makes you a lot more valuable if you take the time to think through how to help them through this process.

Then, you go into the conversion phase; and, of course, you want to get your potential clients to convert from a potential or a one-time thing buyer into a longer-term buyer; and you want to do so without manipulation.

Then, you go into the phase of enrolling them into being a buyer. That means that they're on board; they're aligned with you; and you're aligned with them.

And then, of course, as I mentioned before, the delivery phase where you actually get to do what you were born to do which is to provide great value through your programs, products, and services.

So, this is a review of the sequence. You have this in your Mission 1 material. Just a summary—client attraction, client discovery, client conversion, and client consumption.

That's the 60,000-foot view. So, now, down to the 10,000-foot view which is what we went through partly last week. In this 10,000-foot view, you have distinct phases and there are specific steps. We went through the phases; and those are client attraction, client exploration or discovery, client conversion, and then client consumption.

And now, we'll go through the sequence of steps that we cruised through last week.

This diagram is in your Mission 1 material, and this is just all 15 steps of the sequence that we're going through. And you can download this map as a PDF under the training session materials in the training center. And I just want you to keep one thing in mind, that this sequence can also be used for free sessions and that even though the sequence looks linear like Step 1 through 15, in real life, it's not always linear.

Keep in mind that you'll probably need to modify this exact sequence for your particular business, your clientele, and your style. But, in general, the sequence holds quite well.

What I'd recommend you do is go ahead and print out this sequence; have it in front of you as you're working through all the material so you can reference it from time to time when you're creating your own material; and actually have this sequence in front of you when you're using this approach with your first few clients so you can know where you are and where you should be heading.

The last time, we went through the specifics of Steps 1 through 4. So, where we left off last week was Step 4 which was sending your potential client your snapshot questionnaire or a link to an online form.

And the mission I charged you with was to develop your screening and intake process. So, the main task from that mission is for you to create your own snapshot questionnaire and you can either create it from scratch or you can take one of the snapshot examples that I have and modify it for your purposes.

And I gave you examples of snapshots for both business to business and business to customer. And like I said, I'll be reviewing and critiquing your snapshots if you want me to during the virtual workday which is this coming Thursday.

And the second thing for you to do from last week's mission … I didn't explicitly mention it last week but it is for you to develop your initial script; and, again, you have examples of those in the Mission 1 material.

So, now, we're going to move forward on to Step 5.

Before we move forward, let's take questions.

JILL: There is a question from Kat on Step 3. She asked, "Even though you've had the "Get acquainted" conversation, do people hesitate to fill out the personal information online when they don't know you yet? How do you address that?

GEORGE: That's a great question! So, my experience has been that after the initial conversation, the vast majority of people will fill out the snapshot that I send them or the online questionnaire. I think the reason that most people fill it out is that by the time I've competed that initial conversation, I've said something like, "This sounds like there are a lot of things going on and I think I may be able to help you out, point you to the right direction, and give you some ideas and resources. But to do so, I just need to get some more information. So, would it be okay if I sent you a short snapshot questionnaire? They're just a few questions for you to fill out, and I'll take a look, and then I'll get back to you with some recommendations."

And so, when I position it that way, most people will go ahead and fill it out. One of the reasons I like the snapshot is because it allows me to ask sensitive questions without being right directly in that person's face, literally or by the phone; and it makes it less intimidating for people to fill out the questionnaire because they're not speaking with you directly.

And the second thing is that if they don't fill out the snapshot, that's fine with me because I don't usually chase them down. I will make sure that they've received so that it didn't get lost in junk mail the way some of your emails to me got lost. Once I know that they've gotten the snapshot or the link to the online questionnaire, I don't chase them down to fill it out. It's an initial level of screening, and if they don't think it's worth it or they're too intimidated or they're afraid, then, it's likely they're not a good fit for working with me. I can't help them if they're not willing to provide personal information.

And if there's not the level of trust that I've developed and they're just not comfortable with me, then, that's fine, too. So much the better that I didn't invest more time and waste more time in trying to pursue them and potentially trying to help them when I really would not be a good fit for them.

So, Kat, does that help out with that question?

KAT: Yes, that's exactly what I was wanting to know.

GEORGE: Let's look at Step 5 here on your screen. Step 5 is when your potential client completes and returns the snapshot questionnaire or if it's an online form, you get a response for your online form. And, again, this snapshot, like I mentioned earlier, is a screening opportunity. Some clients jump right in on filling their snapshot questionnaire; others will take their time. I've had some people take up to a couple of weeks to actually fill it out. And some will never get around to filling it out. It's all good.

If a potential client doesn't fill out the questionnaire on a timely basis, I don't spend much time tracking them down. The only think I'll do is verify that they've received it, and I'll do that by email; I usually don't call to find out.

In my experience, I don't recall personally anyone to whom I've sent the snapshot not ever filling it out. I've had clients whom I've taught this system to and people did not fill out the snapshot questionnaire and get it back to them. Like I said, who knows why they haven't filled it out unless you ask them.

Maybe they got busy; maybe they decided not to pursue working with you; maybe they didn't like you or anything else under the sun. But I just don't make it mean anything. I don't interpret it as something derogatory if I don't fill it out. I just go, “Hey, good! I'm glad they didn't waste much time.”

But whatever the reason, just be glad that you didn't jump in and offer a free strategic session the very first time they contacted you because if they're not filling out the initial snapshot, the chances are you would have invested a lot of time and energy into a free session and that would have been an utter waste of time.

So, you'll still want to have a reliable system or process for keeping track and following up with potential clients who haven't completed their snapshot. Probably, just a simple index card would be fine that let's you know, “Oh, I sent the snapshot to this person or to these five people.”

So, Step 6 is you review their snapshot questionnaire and when you review their snapshot, what you want to be doing is to look for areas of interest or concern that you might want to ask more in-depth questions about.

And you also want to look for problems, obstacles, barriers, and challenges as well as hidden opportunities that you might be able to help with. And even though I likened the snapshot questionnaire to an x-ray where it doesn't show you every single detail, you can get a lot of valuable information out of the snapshot.

As you're looking through that snapshot, you want to begin to formulate a rudimentary action or care plan based on this preliminary information. And some of the things you want to be thinking about are:

What do you think this person or business should focus their resources on? What do you think their strengths are? Can you get a sense of where their blind spots might be? Can you identify any obvious or "low-lying fruit" areas and what additional details do you need to make specific recommendations that you as the expert are confident about?

What I do is I gather and synthesize all this information in my mind within several minutes of looking at their snapshot. I've been doing this for a long, long time. This system developed out of my experience of being a surgeon.

So, when you're starting out, what I recommend you do is create a written review checklist that you can use as a memory jogger when you're reviewing a potential client’s snapshot so you can be checking off the things you ought to be looking for. And you can include in your checklist some of these questions that I've listed on the screen here. And I'm sure you'll come up with some of your own questions as well.

The other thing is you review this information from the snapshot because you want to get a sense both intellectually and intuitively about how this prospective client fits your ideal client selection criteria.

Let me just pause for a moment. Judy made a comment that I don't think you'll be able to see on the screen. But what she says is “George has a nice way of asking people to do things.” Thanks,

Judy. The key is a nicely asking people to do things but also in a way that there's something in it for them. I'll ask them respectfully but I always look to show them what's in it for them to complete a task like filling out the snapshot.

And what Judy suggested is that you create little scripts to help introduce these things to your potential client. So, again, she's reinforcing it. There are scripts that I've created for you. I've given example for you and you can certainly copy that and make it your own.

So, back to Step 6.

This is a picture of a fax machine. How many of you would like to have been one of the first people to try to sell the very first fax machine? So, just raise your hands from your control panel if you would have volunteered to be one of the first people to sell the very first fax machine.

Five people—cool! That's very interesting. I wonder why!

Here's the thing: When the fax machine first came out, most people didn't know that they needed a fax machine. I mean, clearly, we know now that, "Oh, my gosh, this took the world by storm." But if you go way, way back, did people know they had a problem for which the fax machine was the solution?

And the answer is that most people didn't.

So, the reason I was surprised that five of you raised your hands was because it would have been pretty tough at first because people didn't know what a fax machine was, and they didn't know they had a problem that you had a solution to. Now, I could have been wrong. It could be that once you explain it to people, they bought it up like hotcakes. But let me tell you my personal experience of trying to sell something before people knew they needed it.

So, when I left plastic surgery in 2003, the thing that bolstered and propelled me forward was my enthusiasm for creating a business. It was called "Money Whiz Kids," and the business was going to teach and support parents and teachers to raise children who are financially aware. And I was so super excited because I'd never been taught these principles; and I felt that it would have made a big difference in my life; and I thought I was going to transform the world in about 18 months and sell my programs and seminars like hotcakes.

So, I did a teleseminar and I had a hard time getting people to that event even though it was free; I started wondering why. And then, I came across this material, these client selection criteria; and the criteria look like this:

Number 1: Your audience must have a big problem or a burning desire. Your audience must be aware that they have a big problem or a burning desire. Your audience must have a history of spending money to solve their problem or fulfill their desires because past history of spending

money to solve their problems or get their desires fulfilled is the best indicator that they'll spend again.

Next, your audience needs to have the money and be ready to buy now. In other words, they're actively searching for answers to their problems and the fulfillment of their desires.

Next, you need to know how to reach them. You need to know where they work, where they hang out, whether they read, and what websites and blogs they go to, what TV shows they watch, and what radio stations they listen to, and so forth.

And they need to be people that you love working with.

So, when I started my initial company or my dream company, Money Whiz Kids, where do you think I fell flat when it came to these ideal client selection criteria?

It's actually numbers one and two. See, my clients didn't know that they had a problem. And, actually, some of the feedback that I got just crushed me. So then, people said, “Oh, this is great! You should really do this; this is super important. But, you know, I'm not gonna participate because I don't have my money act together. I don't know what I would say to my kids, and I need to get my own money situation together before I can try to teach my kids about money.” So, my audience did not know that they had a big problem or a burning desire.

And ideal client selection criteria number two, they weren’t aware that they had a big problem or a burning desire till I pointed it out; and they weren’t willing to do anything about it. They didn't have a history of spending money to solve it. And, if you look at criteria number four, they weren’t ready to buy now.

So, guess how many of my training programs I sold? Yes, zero!

So, I quickly abandoned after I realized that my audience did not fit these selection criteria. I quickly abandoned that program and that business endeavor.

So, my recommendation is that you meet all six of the above criteria; and then, you'll position your business to maximize its potential.

Now, some people may wonder—if you meet only four or five of the criteria, can you still build a good business? And the answer is you probably can. But you won't be realizing the fullest potential of your business.

There is a PDF of these ideal client selection criteria. When you go into the training center, it’ll be under Mission #2.

Now, do you remember ideal client selection criteria number six where it said that they need to be people that you love working with? So, how do you know you love working with someone until you have?

Well, the real answer is you don't; at this stage, you really won't. But what you can do is you can tune into their values. In your conversations with them, you can get a sense of what their guiding beliefs and philosophies are. You can definitely get a sense of their energetic presence and what they're here for, what their stated purpose is in; and they may even tell you what their purpose is in life. And you can get a sense of what their visions, dreams, hopes, and aspirations are by simply asking the right questions and hearing what their responses are.

So, again, you won't know to the nth detail, to the nth degree if they're the appropriate client for you but you can start to get a sense of it. You can use your gut sense as well to see if you start getting kind of the creeps or if you really gravitate naturally towards this person.

On to Step 7!

So, Step 7 is for you to clarify off of that snapshot, to clarify specific areas of interest and/or concern by contacting your potential client.

Depending on what you think is most appropriate for that particular client, you can clarify these specific areas of interest or concern by scheduling another conversation and/or by email.

So, many times, I'll just ask short, quick questions by email; and the reason I like this is that it turns into a back and forth email dialogue. And I like that for two reasons: One, it develops trust. It really develops additional trust and familiarity in your relationship; and it also demonstrates your sincere interest in them. And it's actually more time efficient than doing this by phone; but, again, I don't mind. If it's appropriate and you feel it's right, do it by phone.

JILL: I have a quick question here from Missy. She asks, "Can you market to something people have a burning desire for but actually work on other things?" Not to be misleading but she's seen this done before.

GEORGE: The answer is absolutely yes; and it's not that you do this as a switch and bait. But what you're doing is you're hooking the attention of your audience with what they believe is their burning issue or desire. You're hooking them with what they think they need help with.

But as the subject matter expert, you can see otherwise. You can see that what they say they need and want is not really what they need.

And so, if you're going to market successfully, if you're going to get the attention of your audience successfully, you have to meet your audience where they are. Meet them where they are by addressing what they say their issues, problems, and challenges are, what they say their desires, dreams, and aspirations are and use their language; use their lingo.

If you use the program that you're in now, you can use this as an example. So, as I mentioned at last week's training, this program is really about making connections with people at a deeper level at all stages and phases of your interaction with them even if they don't ever become a client.

But did I ever tell you that right upfront or early on in the materials where you learned about this program? The answer is no. I created a catchy title—*Get Paid to Get Clients or Paid Sessions That Sell*—because that hooks people's attention. But that's not really what this program is all about. This program is about connection and contribution.

So the answer to your question, Judy, can you market to something people have a burning desire for but actually work on other things, the answer is absolutely yes. And to do so ethically and appropriately and effectively, you have to address that initial itch along the way to addressing the deeper issue. And then, if you do so, you will definitely not be misleading them.

So, some of you may have caught on to my approach to training you. I've put a lot of thought into how to help you understand the philosophy behind this approach, the methodology, and the high-level view as well as the details.

And, in particular, I've defined certain phases that you've seen, certain phases to client interactions and specific steps that you might take in a particular order. And, as I've said, in real life, things don't always proceed in a neat, linear order but for purposes of learning and practicing, linear step by step is the best way to start.

In addition, there are certain tools that I'm asking you to create like the snapshot questionnaire and later on a diagnostic session format. Or I might even ask you to create a diagnostic or assessment tool.

And there are certain skill sets that you need to learn, practice, and master. And, ultimately, you'll blend all these things together so that the approach is fluid and that it works for you.

Now, here's the thing. For you to be successful with this approach, the *Get Paid to Get Clients* approach or whatever approach you want to call it, there is one particular skill that is absolutely critical for you to master and that's the skill of diagnostic thinking, diagnostic questioning, and problem solving.

Judy, this gets back to your comment. Can you market to something people have a burning desire for but actually work on other things?

Said differently, the *Get Paid to Get Clients* approach is really a diagnostic approach to problem solving. It's an approach that blends both the intellect and the intuitive. But I just don't emphasize that upfront. And if you look back at the ideal client criteria, you'll understand why. Most people don't wake up in the morning thinking, "Wow, I need a diagnostic approach to getting more clients."

I mean, let's just do a quick poll here. If I had positioned all my material and called it "Diagnostic Thinking: The Fastest Way to Get More Clients" or "Think Diagnostic: Win More Business by Thinking Diagnostically," by show of hands, how many of you would have been interested in that? To how many of you would that have caught your attention? Raise your hands if that would have caught your attention.

One person! I would have flopped if I had led with that approach. Having said that, diagnostic thinking is a critical skill!

So, Judy, I'm going to do the exact thing that you mentioned so, hopefully, this does not come across as a switch and bait or bait and switch. I'm going to teach you an important skill that will serve you, I promise you, for the rest of your business career.

Moving forward, your mantra is the phrase, "Think diagnostic."

So, here's the deal. Here's what commonly happens in the real world when you're looking to offer a program, product or service. Too often, sellers will end up trying to fix the very first problem that their prospects mentioned.

But that approach isn't likely to consistently win you new business or loyal buyers. If you address the very first thing that people complain about, you aren't necessarily solving their real issues; and, unfortunately, most people who need more clients and customers don't know what else to do because they lack an effective process for helping a potential buyer identify his real problems and for empowering them to choose solutions that best fit their needs.

But when you think diagnostically, you begin to think differently. And like a good doctor or a detective, you ask questions that lead to understanding what the underlying root causes are. The right questions allow you to uncover what your buyers' true issues are—things that they may not have even realized are issues. And all of these have to be in the context of what your potential client's bigger picture is.

I'm training you to become a trusted and valued advisor whether you're selling services or products or both. I mean, I don't care if you're selling TVs. This approach would still work. This approach gives you the opportunity to showcase your expertise and value.

And so, as you develop your snapshot questionnaire, as you use it, as you test, as you refine it, and, ultimately, as you design, develop, and refine your initial client session, I want you to put on a diagnostic hat.

Most of you are familiar with the fictitious character, Detective Sherlock Holmes. He was first introduced by Sir Arthur Conan Doyle in 1887. What most of you probably don't know is that Sir Arthur Conan Doyle was also a doctor. And it's commonly believed that he modeled Sherlock after one of his medical school professors. His professor's name was Dr. Joseph Bell.

So you start to see how detectives and doctors think along similar lines.

So, diagnostic thinking applied to the context of problem solving and turning prospective clients into paying clients is what I call a "diagnostic-based selling." This approach is based on the medical approach to diagnosing problems and arriving at viable, practical solutions.

I promise you, if you master this approach in working with clients, you'll take your business to a level of success that's only theoretical to you today; and the approach I'm teaching you is based on my decades of experience as a surgeon.

It's an approach based on integrity, core values, and an earnest desire to be of service. And that combination is what positions you naturally as a trusted advisor and a valued expert; and it naturally leads to people wanting to buy from you and not from someone else; and it minimizes pricing objection.

Now, I mentioned somewhere along the line that I do not like selling. I don't like selling. I certifiably was allergic to marketing and selling when I was in practice as a surgeon so I knew I had to find a way to get past it. When I left medicine and I started my coaching business, I knew I needed to have an approach that sit with my style, values, and my personality and was not selling. So, I naturally did what I was trained to do and what I had done for decades which is this diagnostic approach.

Let me tell you a story. My oldest son, Zachary … he's what you would call spirited; and even at a young age, it was apparent that he possessed a will of iron. "Obstreperous" is the word that frequently comes to mind back then and even now.

And one day when he was about three or four years old (this is a picture of him when he was three or four; he's now eleven), we were at the bathroom sink getting ready to start our day. Despite my great patience, he was getting on my nerves. I started yelling at him; and don't worry, it's the only time I ever did.

But his behavior was just so irritating that I screamed at him. I yelled at him to leave the bathroom and shut the door. So, after the requisite door slammed by him, I immediately heard a rapid succession of drawers being forcibly pulled in and out and then slammed back in.

And I thought, “Ah, he's into our chest of drawers.” No worries, I thought to myself, because a child safety expert had been through our home the previous week and had secured all of our furniture to the walls.

But, suddenly, I heard a muffled but heavy thud and I felt an impact shudder throughout the floor. So, instantly, I surmised that Zachary had pulled out a drawer full of clothes and it had come out of its drawer track and fallen on the floor.

So, I casually opened the bathroom door and expected to see clothes strewn about; and what I found was Zachary wide-eyed, lying flat on his back with the heavy chest of drawers toppled over his body.

Then, I instantly saw that the sharp corner of the chest had come to rest about an inch away from where his chest meets his belly—it's the solar plexus. And in a millisecond, my clinical mind raced through the worst case scenarios.

I visualized that the chest of drawers had been toppled onto Zachary and that the corner of the heavy chest of clothes landed on his chest and abdomen causing a blunt, traumatic force sufficient to cause a cardiac contusion, pulmonary contusion, gastric rupture, duodenal contusion, hepatic lacerations, splenic rupture, renal contusion, and the list goes on.

And as I scooped Zachary up off the floor, I told him we were going to the hospital emergency room. And so, I frantically raced down the stairs; I immediately knew we needed a CT scan and I strategized about the fastest way to get to the ER. No waiting for an ambulance for Dr. Huang. I'd drive down the median of the freeway if I ran into traffic.

And when I reached the bottom of the stairs, Zachary looked up at me very calmly and said, “Dad, I'm hungry.” And for a moment, my world stood still. I wasn't quite sure I heard him correctly. So, I asked him to repeat what he said. Same response, “I'm hungry.”

I said, “You're hungry?” It didn't take my 25 plus years of experience in medical field to know that when someone experiences a blunt force impact strong enough to cause significant injury, the words “I'm hungry” aren’t the first ones out of their mouth.

So, momentarily, I was mentally and emotionally paralyzed, no longer capable of making sense of the situation given that my first born son had sustained what I thought was a potentially life-threatening injury.

At the least, I had the presence of mind to call one of my general surgery colleagues, describe the situation, and get the much-needed reassurance I needed that Zachary was fine and that I didn't need to race to the ER.

So, what's my point and how does the story relate to you when you need to sell to your clients and customers?

Just imagine what it must be like for your clients. They're working hard everyday with the pressure of deadlines, quotas, lousy bosses, crabby colleagues, difficult personal relationships, their own hang-ups and concerns, and blind spots and so forth. And on top of that, the unexpected happens and there's an emergency.

If they're in a business, the leaders and managers huddle together and maybe a committee is created, and they analyze the situation and come up with a proposed plan of action. And, meanwhile, each member of the committee goes back to the real job, right back into the matrix of chaos.

Or if you're working with people on a personal situation and some sort of family crisis occurs and all the people drop back into their dysfunctional family dynamics and change doesn't happen and things unravel from there.

Under these types of circumstances, do you think anybody has a chance of diagnosing their own situation thoroughly and appropriately of making the right decisions and judgment calls?

And the answer is, of course not! Not any better than I, a trained, experienced surgeon could rationally assess what to do with Zachary.

And by personality and fine tuned by my training, I'm super, super calm under pressure; but most people, including your clients, are not.

So, diagnostic thinking could be used for teams; it could be used for leadership; it could be used for conflict resolution, for manufacturing, for personal growth and transformation. For our purposes, we're interested in diagnostic thinking for problem solving and turning your potential clients into paying, long-term clients.

So, the take-on point is that a critical element of diagnostic thinking and problem solving is using that skill to help your clients navigate through lots of information, possibilities, and situations that involve complex decision making.

One of my friends, Jill Konrath, the author of *Selling to Big Companies* and *SNAP Selling* refers to this situation as the "Frazzled Customer Syndrome." So, Frazzled Customer Syndrome is a debilitating condition that's brought on by excessive work loads, 24/7 availability, information overload, lack of sleep, and job related-stress.

Now, you and I are likely in the course of our regular business to encounter these individuals everyday. They're people like you and me. They're doing their best to survive in a crazy workplace or a personal environment. Their calendars are overflowing. They're getting

information overload from multiple digital devices. They're running scared. They're frequently not taking care of themselves on a physical, mental or emotional level. And they're just confused and they cannot think clearly. So, they're stressed out to the max.

And Frazzled Customer Syndrome makes your job that much harder because dealing with overwhelmed people is completely different than dealing with calm, rational people.

But Frazzled Customer Syndrome is more than the norm; and having people who are calm and rational is now more of the exception. A scary proposition!

See, that's why people need you. They need you not to sell them or take advantage of their vulnerable position but for you to be the valued resource that helps them to grasp the bigger picture, to shed light on the underlying concerns and issues that lurk in their blind spots, to objectively help them to consider their options and alternatives as well as the pros, cons, and fixes for the cons of their options.

They need you to provide reassurance along with the valuable resources that you have to offer; and, yes, of course, they need you to provide practical solutions. They need you to be the general surgery colleague that they can lean on under pressure, that they can trust to tell it like it is and not necessarily the way they want to hear it, or to be a 'yes' person.

Again, that's why I want you to think like a diagnostician, like a detective, and like a doctor because, then, you'll become that valued and valuable resource and you'll take yourself out of the category of salesperson to the category of trusted, valued advisor; and it significantly increases your chances of gaining entry to key decision makers. You'll gain their respect, attention, and time, and you'll be of greater service than simply selling them what they say they want.

But don't get me wrong. Once you've practiced and mastered this approach, I do want you to sell them. If appropriate, I want you to sell them what they say they want. But, more importantly, you'll have developed a powerful approach to determining what they really need. You'll have to discern that. And then, you'll be seen as a subject matter expert.

Again, this diagnostic-based selling approach, this diagnostic thinking approach works regardless of whether you offer your sessions for free or for a fee. So, let's now get on to the keys to the kingdom.

Most people right off the street don't see or think about the correlation between being a doctor and making the right medical diagnosis and a seller correctly diagnosing a potential buyer's need. But making the right diagnosis means the difference between a sale and a strike out. But if you don't think diagnostically, most people who need to really make a sale don't realize that the odds are really stacked against them even before they approach their first potential buyer.

Why? Because the sellers typically don't thoroughly or properly diagnose a buyer's situation! They don't read the lay of the land. They don't understand what the real challenges, needs, priorities, and important factors are that lead someone to buy or not.

Most sellers are more concerned about their own agenda and not about making the right diagnosis. But if you think about it and you do the work to make the right diagnosis, you stack the odds in your favor that you'll make the sale.

By the way, by way of full disclosure, it may seem like this is a highly heavily intellectual process; but there's really an intellectual side to it and an intuitive side to it.

As doctors, we're trained intellectually but the best doctors use their intuitive side as well to make an appropriate diagnosis and provide a treatment plan.

So, when I take you through these next parts of learning this approach, it may seem methodical and totally left-brained, whatever "brained" it is but, hopefully, not harebrained; and they seem dry. But once you get past the mechanics of learning this new approach, you'll gain access to real power because; then, you'll have the opportunity to draw on your own intuition.

And like I said, any good clinician will tell you that they tap into their intuition. Sometimes, when I was with patients, I've run into a situation where there wasn't a textbook solution and there was actually controversy in the research journals about what you should do.

So, I'd be straight with patients. I'd tell them, "You know, this is a relatively rare and unique situation and there's no clear cut answer; and as far as the option goes, here are the options as far as traditional medicine goes," and I'd give them the bullet points and tell them, "Look, there's no real right or wrong approach based on traditional medicine so this is where we rely on our intuition." And I'd say, "My intuitive sense is that we should choose Option 3 out of these four options."

Then, they'd say to me, "Okay, I trust that instinct. And I'd ask them, "What does your instinct say?" and they'd say, "That feels right," and we'd go with that.

And so, when it comes to selling, I believe there's a combination of intellect and intuition. Does this feel like a good client to work with? Even though they're saying the right things, is there something off?

I'm going to take you through the sequence of what I did as a doctor. Then, I will show you how to translate this into what you need to do.

So, the first thing I did with a patient was obtain a Medical History. I needed to know what's happening now, what's happened in the past leading up the present. And then, after that, I did a

Physical Exam, kind of akin to looking underneath the hood. And then, if and when appropriate, I ordered Diagnostic Testing and that's initial probing and detailed information gathering.

And then, I did an Assessment. I told people, “This is what I think is going on. This is what could be happening.” Then, I offered Treatment Options. So, here are the different ways to approach this, to deal with this issue and this is where I help to educate and explain the pros, the cons, and fixes for the cons of each alternative. And then, we arrived at a Treatment Plan.

So, after settling on a treatment option, I laid out the specific next steps. I, of course, provided assurance, reassurance, and again, helped them through the complex decision making process.

So, this is how we translate this into what you'll need to do. Instead of a medical history, you will provide exploratory conversations. Instead of a physical examination, you'll provide more detailed exploration. Instead of diagnostic testing, you may provide a survey profile, formal testing or assessments.

Instead of differential diagnosis which is just a listing of potential diagnoses that you go through and check off, you'll provide a situation assessment and summary; and instead of treatment options, you'll provide options and alternatives for moving forward; and instead of a treatment plan of action, you'll provide a specific plan of action for your particular client.

Now, some of you may be thinking, “Oh, I do that already” and my challenge to you is “Are you sure?”

See, in my experience and observation, a lot of people don't do this right. One, because they have the wrong mindset; two, they don't ask the right questions; three, they're not really listening or they have selective listening—listening only for what they want to hear and that furthers their own agenda.

Next, they're not comprehensive or they're not truly interested. Next, they're in a hurry. Next, they think they already know what needs to be done and they're also more interested in moving their own agenda forward than really being of service in understanding what the person in front of them really needs.

With that, we go into diagnostic questioning. So, this is the key skill that I want you to master. I want you to practice this. I want you to shift your mindset about how you approach questioning and problem solving.

Albert Einstein is often quoted as having said that if he had one hour to save the world, he would spend 55 minutes defining the problem and only 5 minutes finding the solution. His maxim illustrates that good problem solving is all about asking the right questions. So unless you're willing to solve problems that don't exist, take this seriously; and before jumping right in to solve a problem, be willing instead to invest the time, thought, and effort to understand the scope of the

issues at hand. And to do that, you'll need to ask the right questions. And, unfortunately, most people aren't taught the art and skill of asking the right questions.

The art of listening, which is just as important as asking the right questions, is even less commonly taught. And people aren't taught to think diagnostically.

In contrast, a good doctor and, like I said, a good detective will both ask good questions; and then, they listen to the answer. And in fact, in medical school, we were taught the art of obtaining a thorough medical history from a patient. It may seem easy but when you go to your doctor, there's really a lot of skill involved. And not only does your doctor have to process and organize a lot of information while asking questions, probably, the toughest part for us is to keep our mouth closed and really listen intently.

In medical school, I was taught that if you ask the right questions and listen, the patient will tell you what the problem really is; the patient will give you the clues that lead you to the true underlying root cause.

So if you develop the skill of asking questions and listening in a diagnostic manner, this approach can serve you in conversations and in situations that have nothing to do with your business.

Now, here's the thing. When you're learning anything brand new, that learning curve typically starts with getting familiar with the relevant concepts and principles. And then next, comes the challenge of applying these concepts and principles into action in the real world.

And that's where a lot of people struggle once they get into the clinical years of medical school because it's one thing to be book smart and a totally different issue to be clinically smart.

And then, in the former case, a student knows a lot of facts and figures; but in the latter case, the student knows how to apply that technical knowledge to complex and emergent situations that require critical thinking, decision making with limited information, risk assessment, treatment, and many other processes.

And so, at first, the process of applying this textbook information that I'm about to give you into practical reality may come across you as mechanical; it may seem awkward; and it may seem clumsy.

I remember the very first patient interview I did as a medical student, it was with an elderly gentleman. He must have been in his eighties. And I spent three hours going through the questions by the book. This guy was so exhausted. Poor guy! He was so exhausted at the end that he snapped. And I remember that he yelled; he gestured at me and as he gestured at me, he hit his urinal bottle. The thing hit the floor and splashed up at me. He told me to get out of the room.

So I was distraught after that. I went back to my mentor and I said, “What went wrong?” He said, “I don't know. These guys—they get old; they get tired.”

So, it was mechanical for me. Now, obviously, I didn't take three hours as I got better to do a medical interview. But it took some time.

Now, I want to reassure you that you do not need to learn the medical approach in the way that I learned it. You do not need to learn medical terms. I don't even care if you don't understand or remember the sequence of obtaining a medical history.

The important thing about what I'm going to show you next is that, at this stage, I want you to take the example questions that I'm going to share with you and see if they're relevant to building your own bank of diagnostic questions that you could be asking your clients.

And as a bonus, see if you can come up with a format or a structure for your line of questioning. I'm not super concerned about that at that point. We'll get these questions put together in the right structure when we get to that appropriate point and time.

But, again, the important thing now is to pay attention to the example questions.

When a patient comes in, the first thing they talk about, the first thing they mention is what we call the “chief complaint.” But this is frequently not the main issue or the real underlying problem; it's usually just the symptom that happens to be bothering them the most. And, frequently, potential clients would tell you what they need given their limited knowledge or perspective.

You can ask them these questions to bring out that chief complaint: What's the biggest problem, issue or challenge that you're facing right now? So, other questions to draw out the chief complaint may also include: What do you need help with that's most urgent?

And at this stage, you're searching for more details about the current situation and what has led up to it as well as looking for clues about underlying issues, contributing factors, and root causes.

And typical questions at this stage may include: What have you tried so far? What's working? What's not working? What do you have planned? What particular strategies and tactics have you tried? And what did other (you fill in the blank) consultants, designers, teachers, etcetera recommend? And what kinds of tools, aids, supplements, and so forth are you using?

And, ultimately, what are you looking to accomplish? Or if you achieved “blank,” what would that mean to you? And my favorite question is “Tell me more about that.”

When I was in medical school, I learned a mnemonic that helped me to get my bearings when I taking a history from a patient. The mnemonic is called CHLORIDE. The CH stands for character-what's the pain like? The L stands for “Where do you feel the pain”? The O stands for

onset—where did the pain first start or what causes the pain to occur? The R stands for radiation—where does the pain go? Intensity—how bad is the pain? Duration—how long does the pain last. And E, events associated—what makes the pain better, what makes it worst? What have you tried that worked and that didn't work?

So let me show you how to apply this mnemonic to your business.

Character: The purpose of these character questions is for you to learn how your potential buyer is experiencing the issues, problems, and challenges that you seek to solve. These are the types of questions that help you to understand what their world is like.

Some of the questions you might like are: What issues, problems, frustrations, and concerns are you facing? Can you describe what the situation is like?

Location questions tell you where specifically the pain is being felt or potentially being felt by your potential buyer? Here are the things you need to find out: What are you experiencing? Where are you experiencing the cause of having this problem or issues? What specific goals or initiatives are being delayed because of this issue? Where else are you experiencing problems or related issues? What processes do you see are being affected? Who is being affected? What departments are impacted?

Onset questions—these questions tell you when awareness of issues and problems began. They give you a sense of the level of urgency, motivation levels, and degrees of resignation the despair.

So, questions you might ask are: When did you first notice or experience these problems? What has happened to trigger or escalate the severity of this problem? Have you noticed any particular patterns or cycles associate with this issue?

Next, radiation: The purpose of these questions is to discover what other areas, systems, workers, customers, departments, and so forth are being affected or potentially affected by the issue or issues of concern.

Some questions you might ask to read around in this area are: What kinds of consequences or ripple effects have you experienced as a result of this issue? And what additional departments are experiencing these issues? Who else is being affected by this issue currently? Who is at risk of being affected by this issue in the future? How does this affect the company initiative? How does it affect your family? How does this affect the timing of … and you fill in the blank.

Intensity questions: The purpose of these questions is to find out how bad something is. You want to understand what's at stake for your prospective client, how high a priority this issue is, what the likely time frame is for making a buying decision, and whether or not there are financial

or other resources allocated for addressing this issue. And, if not, can financial resources be allocated?

Some questions you might ask here are: How serious is this situation relative to other initiatives in your business? What is the financial cost of this problem? What are the potential risks and consequences of this problem continuing? What would things be like if this issue were resolved?

Duration questions give you a sense of the timing and level of effort that has been expended to deal with the issue or issues at hand. Some questions you might ask are: How long have you been dealing with this? When did you first start to try to solve this problem and how frequently does this issue come up?

Events Associated: These questions help you to understand other factors, variables, and elements that influence the current situation or maybe influence the future. So questions you might ask here include: What have you done to improve the situation? What happens to make the situation better? What happens to make it worse? What have you tried that worked? What have you tried that didn't work? What are the desirable consequences of addressing this issue? What are the potential unintended consequences of addressing this issue?

I know we've gone through a lot of stuff. Let me pause here and see if there are questions.

JUDY: I love the questions. They're fantastic. They're very, very rich and I can see getting a lot of really good information. But I'm personally worried that people won't be patient enough with me to actually let me ask the questions and answer them. I almost feel like I have to pay them to ask them the questions.

GEORGE: That's a fantastic question, Judy, because I've thrown out a lot of questions, so here's the thing. You don't have to ask all these questions. I've just taken you through this medical approach to give you a sense of the types and nature of questions that you might ask.

Depending on the stage at which you're working with a potential client, you will only ask a handful of questions in the beginning. Some of these more detailed questions you will reserve for your strategic session. And so, the answer to your question, Judy, is that in the very beginning, especially for your snapshot …

Let me start at the very beginning. When you're having those initial conversations, those initial, get-acquainted, and exploratory conversations, you can include some of these questions. You could be standing in the line at the bank, and because you're familiar with this diagnostic way of

asking questions, you can just throw out these questions casually and it may just be one, two, or three questions that lead you to think “oh, they might want to do a snapshot.”

And then, in your snapshot, you should have no more than maybe seven to twelve, at most, fifteen questions in your snapshot. Once you get beyond that, I think, then, you might have to start paying your clients to fill out the snapshot.

So you want to keep that snapshot brief so that it's not overwhelming for your clients to fill out; but that gives you enough information for that phase of interaction with them.

In the strategic session phase, you can have a lot of questions prepared. You'll see when we get to that training session. I have 254 questions in my snapshot format. I promise you I do not ask them all. I cherry pick them.

Judy, you want to put together a lot of questions that are going to help you but with any particular client, you will not ask every single question. I wouldn't worry about it. You'll see as you begin to apply this and you'll get a feel for how many questions are enough.

It took me a while to figure this out myself. That's why my initial free strategic sessions that I told people would take 90 minutes, sometimes, ended up taking 3 ½ hours because I didn't have the discernment to know which questions to ask and which questions to skip; and I didn't have the experience to really redirect clients and, sometimes, cut them off appropriately.

Judy, this will come with practice and know that you will not have to pay your clients to go through the questions. This approach is so powerful that they will gladly pay you to go through the process.

Was that helpful, Judy?

JUDY: Yes, it was very helpful, thanks.

GEORGE: Let me ask a question of you then. By show of hands, is there anybody who is confused and overwhelmed by going through this format, this medical diagnostic format? And the reason I want to know is because I want to know if I've given you too much, if I've overcomplicated, and if I have not simplified this enough for you.

Okay, no hands are raised.

So, I'm going to do an experiment here. Since no hands were raised about being confused, I'm going to take this another cut further because here's the thing.

With diagnostic thinking and diagnostic questioning, we could spend the next three months going through how to actually do this. But for the purposes of this training program, I need to get you this information as quickly as possible and help you to synthesize it, help you to integrate it and make it your own as quickly as possible.

There's so much material I could give you on how to think diagnostically. Again, we'd need to take a lot more time which we don't have today. However, I'm going to take a shot here, I'm going to take a chance here and give you another detailed level of the behind the scenes look at medical diagnosis and give you additional questions, additional ways of thinking diagnostically.

I've done this way before but I've never done it in this format so that's why this is sort of an experiment; and I hope I don't overwhelm you with it. But here we go:

When I would take a medical history, there's a point in time when I also would ask about your time medical and surgical history. And, in your case, instead of asking for a past medical and surgical history, you would ask things like, "Well, what kind of significant interventions, training programs, and/ or services and products have you used in the past? And what's worked and was hasn't worked?"

And then, I would also ask about medications, and supplements, and allergies. In your case, you might ask things like, "Okay, what kinds of trainings, programs, books, audios, and videos, and other resources are currently in use or being considered?" And what are areas of resistance and fear and concern and avoidance that you're picking up from this client?

They may actually tell you but you may actually intuit it.

Then, I'd ask things about social history like if they smoked. Where do they live? What kind of jobs do they have? Do they use drugs?

In your case, you wouldn't ask these questions but what you would ask would be, "Okay, well, what's going on in your life and/or your business that influences and impacts this situation?" What social or other taboos exist that influence or limit your ability as the expert to help this particular client?

Then, I would ask about the family history. What other family members have diseases, disorders, genes, and so forth that may be affecting your medical situation?

In your case, you would ask, "What is the influence of corporate initiatives? spouses and life partners? colleagues and coworkers? family members? neighbors? community organizations?—anybody you're in relationship with.

And then, as part of the medical-history taking, I would go through what's called a “Review of Systems.” So, in my case as a doctor, this would be a review of the anatomical and functional physiologic systems—cardiovascular system; neurologic system; immunologic system.

In your case, you're going to formulate questions that enable you determine the following: What other functional areas or systems are associated with these issues at hand? What other peripheral and indirect factors affect outcomes?

So, I'd like to know by show of hands, did I overwhelm anybody with this last level of additional questioning? Did I confuse anybody?

Wow, no hands! Okay, cool.

So here's the thing. I've given you a lot of questions. I've thrown out a lot of things for you to consider; and you may be having your neurons scrambled but that's okay because in the virtual workdays, I'll help you work through how to pick which questions you should be asking your particular audience so that you'll have a collection of the core questions that you ask; and then, you'll have some additional supplementary questions that you'll ask when the situation is appropriate.

And so, my recommendation is that you go back to today’s training and review it and pull off some of these questions and use them. Take the specific wording and modify it for your own purposes which actually lead us to Mission #2.

Mission #2 is for you to develop your approach to diagnostic thinking and questioning, to develop your bank of diagnostic questions.

Now, some of your questions may already exist in your snapshot or they will. And the others of these questions are going to be reserved for when appropriate, for more in-depth and greater breadth of questioning. You may use these questions when you're following up with people after you get to the snapshot; and the bulk of these questions you will reserve for use during your strategic session.

And here are a few pointers and tips:

When you're asking these questions in general, start with general questions. That sounded weird—in general, start with general questions.

As a best practice, start with broad, general questions; then, move on to more specific questions. So as you start to develop your own questions and write them down, just write “broad question,’ and then you'll see that you can hone those broad questions into more specific questions and write those down as well.

Do not worry about the sequence of these questions or grouping the questions at this point. If and when appropriate, we'll work on that later. You may not need to group these questions. I just grouped them into these different categories just to show you how a doctor thinks; but you don't have to make your own little categories like history of the present illness or family history or whatever.

You can if it helps you, but you don't have to. All I care about is that you think this way. What kinds of questions do you need to ask to find out what you need to know about a person's or a company's background, their origin's story, and their past history? And what do you need to know about what may be causing or contributing to the current circumstances?

Think about what kinds of questions you need to ask to find out what currently is happening now and the kinds of signs you need to look for. A sign is actually a physical finding, things that you can actually see, things that are tangible. And what kinds of symptoms do you need to look for? So symptoms are things that a person complains about.

And what kinds of questions can you ask that give you a sense of what other issues are involved?

When you do ask these questions, echo back to them what you heard to verify your understanding. And intersperse your question at any time during any conversation. Just blend in questions along with your responses to them.

So, in other words, what I mean to say is, I told you to start with general questions and go to the more specific questions; but in a natural conversation, you'll flip back and forth between general questions and specific questions.

This medical diagnostic thinking and questioning is like a dance. You're flipping back and forth between general and specific questions, between listening and asking, and between hearing what they say and mirroring back to them what they said.

And, a lot of times, if I'm not sure what to ask next or I'm still processing and thinking and I need to buy a little bit more time, my favorite question is, "Tell me more about that" or "Can you describe this in greater detail for me?" It helps to really feel into the situation and it helps me to get more time to process what's going on.

We'll cover this in more detail later but start thinking about whether there are any diagnostic tools or assessments or surveys or quizzes or any other type of tools that might be helpful for you. I'm not emphasizing that right now. I'm more interested in your questions. And as you develop these questions, keep your ideal client selection criteria in mind. It will help you in, ultimately, developing your diagnostic approach.

Our next coaching session will be Tuesday, September 13. That will be coaching session number three; and at that session, we're going to get into developing your signature system or what I call your "core client process." You need it for your business, but you'll need it more specifically for developing your paid strategic session.

And our next virtual workday is this Thursday, September 8 and it's from 9 to 11 Pacific. And that's where we're going to work on your snapshot questionnaire and we will go through creating a bank of diagnostic questions for you.

Don't worry. I'm not asking you to put your strategic session together yet. I need you to develop additional skills first. Just create the bank of questions.

And having said that, I want to see if you have questions and you need to type something into the chat or the questions box or raise your hand.

Question: When will the form be up?

We're working on that. We're going to be using Yammer and you will get a notification about that probably by Thursday, by our virtual workday; and I may be able to take you through a tour of the Yammer system during the workday.

Judy asking, "Can you talk to other participants?"

Through the Yammer system, you'll be able to chat back and forth with people live, if you want to, online, and also, obviously, by leaving email dialogue. And from there, if participants want to share contact information like email and phone numbers, you can do so through the Yammer system. We won't give your information out directly to other participants.

A question from Sam, "What would you like us to send you before Thursday?"

That's a great, great question. By Thursday, if you haven't sent me your snapshot on your own business, send that if you'd like me to review that information. I'd also like to be able to see the snapshot that you're creating for your clients, if possible, before Thursday. That way, it just gives me some additional time to look at it and process it; and that will make it, I think, more valuable for me give you feedback during Thursday's workday.

And then, collect your questions and if you have questions about your questions, no pun intended, get in touch with me before Thursday.

On Thursday, we're going to do a lot of work. There are a lot of different pieces that we need to work on. And even if you don't submit anything by Thursday, you'll still gain a lot out of Thursday's workday session.

Today’s recording will be up if all goes well with the processing sometime later tonight; and we'll send out a notification that the Mission 2 recording and the supporting documents are live in the training center.

And with that, we'll sign off now and I look forward to working with you on Thursday. Have a great day, everybody.