ACQUIOS ADVISORS

Please complete this form and email to info@acquios.com

Doctor's Name:	Practice Name:	
Contact Person:	ntact Person: Contact Number:	
On the lines below, please provid attending (Optical or Employee R	e name & email address of each attendee, as well as whelations):	ich training they are
Information:		
_	Optical Enhancement Training and our Human Rela 4/2022 and 1/15/2022 from 9am to 5pm Central Tir	_
 Both trainings are two person OR virtually. 	days long. You and/or your Team Members have th	e choice to attend in
Sign Up:		
electronic training paclAttending in person wi	include LIVE access to the trainings via a Virtual Mee	ners in attendance, a
Tell us how many will be in att	endance and which format you will attend:	
☐ Employee Relations	# of attendees	
□Virtual □In-Person		
□ Optical Enhancement □ Virtual □ In-Person	# of attendees	
Payment Options (choose one). □ Visa □ MasterCard □ Disco		
Card Number:	Exp. Date:	CVV:
Name as Appears on Card:	M:	ail Check:
	46	quios Advisors 11 S 96 th St., Ste 260 naha, NE 68127
Signature:	Date:	
Total Amount to be Charged o	r mailed via Check: \$	

