

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

Doctor's Name: _____ Practice Name: _____

Contact Person: _____ Contact Number: _____

On the lines below, please provide name & email address of each attendee

Information:

- We will be holding our **Employee Relations Training** on **3/11/2022 and 3/12/2022 from 9am to 5pm Central Time.**
- This training is two days long and taking place virtually ONLY.

Sign Up:

The cost is \$250 to attend per person.

- Attending virtually will include LIVE access to the trainings via a Virtual Meeting format, an electronic training packet, and access to all tools discussed during the training.

Please note # of virtual attendees _____

Payment Options (choose one):

Visa MasterCard Discover American Express Check

Card Number: _____ | Exp. Date: _____ | CVV: _____

Name as Appears on Card: _____

Billing Address: _____

Mail Check:
Acquios Advisors
4611 S 96th St., Ste 260
Omaha, NE 68127

Signature: _____ Date: _____

Total Amount to be Charged or mailed via Check: \$ _____

