

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, as well as which training they are attending (Optical or Employee Relations). If ABO credits are needed, please also note accordingly:

Information:

- We will be holding our **Optical Enhancement Training** and our **Employee Relations Training** simultaneously on **2/24/2023 and 2/25/2023 from 9am to 5pm Central Time.**
- **Both trainings are two days long.** You and/or your Team Members have the choice to attend in person OR virtually.

Sign Up:

The cost is **\$250 to attend per person.**

- Attending virtually will include LIVE access to the trainings via a Virtual Meeting format and an electronic training packet.
- Attending in person will include real time interaction with our team and others in attendance, a packet of training materials, lunch both days, and the experience of networking with other professionals.

Tell us how many will be in attendance and which format you will attend:

Employee Relations # of attendees _____

Virtual In-Person

Optical Enhancement # of attendees _____

Virtual In-Person

Payment Options (choose one):

Visa **MasterCard** **Discover** **American Express** **Check**

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

Name as Appears on Card: _____

Billing Address: _____

Signature: _____ Date: _____

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

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

