

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, role in the office, & email address of each attendee:

Information:

- We will be holding the **Living Your Mission – Enhancing the Patient Experience** training on **Friday, 4/14/23 and Saturday, 4/15/23 from 8:30am to 3pm CST.**
- Event to take place in **Nashville, TN.**
- This training walks you through building the foundation of your office's culture and carrying that through every aspect of the Patient Production Cycle.
- We encourage entire teams to attend together. This training is **IN-PERSON ONLY.**
- Acquios Alliance Vendor Partners will be present to share how their products/services can be utilized to set your office apart from the competition.

Sign Up:

We encourage offices to bring their whole team. Choose your price point below:

- If you're a startup OD without a team yet, ask your advisor for pricing details.
- \$1,345** for three to five attendees.
- \$2,690** for six to ten attendees.
- 11+ attendees:** Discussed on a case-by-case basis.

How many total attendees? _____

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: \$ _____