

Please complete this form and email to [info@acquios.com](mailto: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 **11/3/2023 and 11/4/2023 from 9am to 5pm Central Time.**
- **Both pieces of training 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 training 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 96<sup>th</sup> St., Ste 260**  
**Omaha, NE 68127**

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

