



October 27-28, 2023



Great Wolf Lodge
Kansas City, KS 66111

LIVING YOUR MISSION KANSAS CITY

Develop your mission and core values.

Develop your plan to **differentiate your practice** and increase your net profits.

Live Your Mission NOW to reflect your "brand" through your patient production cycle.

"I have been in the optical business off and on for 25 years. I have gone to my share of conferences and meetings and I would say this conference was a step above."

- Becky, Office Manager

"I am so glad that I came to this workshop. The information that I can take back to my staff is invaluable. I am excited to see how my practice prospers by implementing the things that we learned."

- Dr. Lindsey, Owning OD

"I will take the information I have learned here to grow with the practice and grow as an optician to better serve our patients and work with my fellow teammates and doctors."

- Missy, Optician

Register Now

Questions?

info@acquios.com

Visit Our Events Page

<https://acquios.com/events/>

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, 10/27/23 and Saturday, 10/28/23.**
- **Venue: Great Wolf Lodge, Kansas City, KS 66111**
- **Hotel Block: TBD**
- 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.
- ☐ **\$799** for four or fewer attendees.
- ☐ **\$1399** for five to eight attendees.
- ☐ **9+ attendees:** Contact your Advisor for pricing details.

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: _____

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

Mail Check:

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