



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

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**Information:**

- We will be holding the **Living Your Mission – Enhancing the Patient Experience** training on **Friday, 4/26/24 and Saturday, 4/27/24.**
- **Venue: Great Wolf Lodge, Kansas City, KS 66111**
- **Hotel Block: Great Wolf Lodge, Kansas City, KS 66111**
- 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.
- \$500** for seven or fewer attendees.
- \$750** for eight to ten attendees.
- 10+ 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: \_\_\_\_\_

**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: \$** \_\_\_\_\_