



# Acquios<sup>®</sup>

ADVISORS



## EVOLUTIONS BY ACQUIOS ADVISORS

Join us in Omaha, Nebraska! We offer two courses during our Evolutions Workshop; Employee Relations and Optical Enhancement.

NOVEMBER  
7TH-8TH

### EMPLOYEE RELATIONS

Elevate your leadership skills by cultivating the culture of a thriving workplace.

- Recruit and train quality candidates
- Team management and development

### OPTICAL ENHANCEMENT

ABO accredited workshop centered on optimizing your optical product and efficiency.

- Frame board management
- Patient prescription retention

Register Now

# Evolutions



## Employee Relations

The popular Employee Relations Training is perfect for any team member in a leadership role! We discuss everything from recruiting, hiring, and training quality candidates, to goal setting, one-on-ones, and performance evaluations. Your leaders will benefit from the conversation and tools provided during this workshop which are necessary to create a culture of accountability within your practice.

- Build a Quality Team
- Develop your Team
- Communication and Goal Setting
- Coaching vs. Counseling
- Develop and Deliver Performance Evaluations

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## Optical Enhancement - ABO ACCREDITED (8 Hours)

Optical Enhancement is a dedicated workshop for advancing your optical performance. This course is tailored for Optical Team Leads and Team Members seeking optical expertise and professional success.

Beyond traditional approaches, this course will review how to elevate product value, enhance patient communication and education throughout the eye wear sales process. Participants will engage in discussions on frame board management and vendor relations. By implementing targeted strategies, attendees will gain insights into reducing costs and optimising optical revenue and overall patient experience.

- Frame Board Management & Vendor Relations
- Tools for a More Efficient Optical
- Patient Prescription Retention
- Frame Styling
- Reducing Remakes
- Proper Dispense Techniques

*Please complete this form and email to [info@acquios.com](mailto:info@acquios.com)*

Doctor's Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Sign-Up Information:**

- We will be hosting our **Optical Enhancement** and **Employee Relations Training** simultaneously on 11/7/2025 and 11/8/2025 from 9 am to 5 pm Central Time in Omaha, NE.
- Attending virtually will include LIVE access to the training via 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 on both days, and the experience of networking with other professionals.

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

<input type="checkbox"/> HR/Employee Relations	<b># of attendees</b> _____	<b>\$250 for each attendee</b>	
Name: _____		<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
Name: _____		<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
Name: _____		<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
Name: _____		<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
Name: _____		<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
<input type="checkbox"/> Optical Enhancement	<b># of attendees</b> _____	<b>\$250 for each attendee</b>	
Name: _____	ABO Certification: Y/N	<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
Name: _____	ABO Certification: Y/N	<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
Name: _____	ABO Certification: Y/N	<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
Name: _____	ABO Certification: Y/N	<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person
Name: _____	ABO Certification: Y/N	<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person

**Payment Options (choose one):**

Visa  MasterCard  Discover  American Express  Check

Card Number: \_\_\_\_\_ | Exp. Date: \_\_\_\_\_ | CVV: \_\_\_\_\_

Name as Appears on Card: \_\_\_\_\_

**Mail Check:**

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**Acquios Advisors**  
**4611 S 96<sup>th</sup> St., Ste 260**  
**Omaha, NE 68127**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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