Office Manager Academy The Business of Excellence

	& 15, 2017				
	80.00 per person—to include 3 m tinental breakfast, catered lunch, a				days
Personal Inform			,		
Name	<u> </u>				
Title					
Cell Phone					
E-Mail					
Facebook					
Have you attended an	y of our private courses or lec	ctures? If yes, plea	ase list them below	YES	NO
How many years have	e you been with the practice?				
Practice Inform	nation please print				
Doctor's Name					
Practice Name					
Address					
City, ST ZIP					
Doctor E-Mail					
Office Phone					
Website					
Age of the Practice	Number of Staff	Number	of Offices/Satellite	es	
Number of Doctors		Average Monthly Starts			
Practice Goals:					
Are you a Private Client of Peniche & Associates?		YES	NO		
<u> </u>	or referring you to the P&A A				
Please e-mail	your application to larissa@	penicheteam.com	(or) fax to 503-666	5-4937	

Cardholder Signature*: _ *By signing, you acknowledge that you have read, understand and agree with the cancellation policy below. Academy Course Fee Policy: The course fee is refundable up to 30 days prior to the Academy Course. Cancellations within the

30 days prior to the course will have 50% of the course tuition transferred, one-time only, to the next available course. Your card will not be charged until you have received confirmation of your Academy acceptance.

