OFFICE MANAGEMENT ACADEMY™ THE BUSINESS OF EXCELLENCE



COMPLETE THIS FORM AND EMAIL TO INFO@PENICHETEAM.COM OR FAX TO (503) 666-4937 SELECT DATE:

🔲 MAY 16 & 17, 2024

LOCATION: PORTLAND, OR

COURSE HOURS: THURSDAY 8:30 AM - 4:00 PM · FRIDAY 8:30 AM - 12:00 PM

COURSE FEE: \$1,480.00/person

INCLUDED: 3 months of post-course support. Each course is two days with a continental breakfast, catered lunch, and an afternoon reception on the first day.

NAME:	DATE:		
PRACTICE NAME:	DOCTOR'S NAME:		
ADDRESS:	CITY:	STATE:	ZIP:
CELL PHONE:	OFFICE PHONE:		
PERSONAL EMAIL:	WEBSITE:		
DOCTOR'S EMAIL:	AVERAGE MONTHLY START	S:	
AGE OF THE PRACTICE:	NUMBER OF STAFF:		
NUMBER OF DOCTORS:	NUMBER OF OFFICES/SATE	ELLITES:	
OFFICE SOFTWARE:			
HOW MANY YEARS HAVE YOU BEEN WITH THE PRACTI	ICE?		
IS YOUR OFFICE PART OF A DENTAL SERVICE ORGANIZ	ZATION? YES NO	IF YES, DSO	:
HAVE YOU ATTENDED ANY OF OUR COURSES OR LEC	TURES? YES NO	IF YES, COL	RSES:
HAVE YOU EVER WORKED WITH A PRACTICE MANAGEMENT FIRM? 🔲 YES 🔲 NO 🛛 IF YES, WHO:			
PRACTICE GOALS:			
Tuition Policy: The tuition is nonrefundable 30 day However, 50% of the tuition may be transferred on	ys prior to the Office Man ace to a future Office Man	agement Ac agement Ac	cademy Course. cademy Course.
Please check one: 🗌 Master Card 🔲 Visa 📘	American Express		
Card#:	Expiration Date:		CVC:
Printed Name of Cardholder:			
Cardholder Signature: *By signing, you acknowledge that you have read, understand and agree with the cancellation policy above.			
Are you a Mari's List member?	Yes 🔲 No		
Are you an Elite Dental Alliance member? 🗌			
Whom may we thank for referring you to our W	Iorkshon? Mailer	Internet	Other (please specify)
Your confirmation packet will be sent to you via en hotel reservations. Please confirm registration prio	nail and will include instru	ictions to as	sist in booking your