

TREATMENT COORDINATOR INTENSIVE+TM

This is a 2-day nuts and bolts workshop to train Orthodontic Practices on how to increase Case Acceptance, turn Exams into STARTS and create a memorable New Patient Experience.



WHAT TO EXPECT

Through the proven Peniche Systems you will learn to:

- Instill patient confidence from the New Patient Phone Call through the start of treatment
- Identify and remove patient obstacles
- Integrate the Virtual, TC only & Remote Exam
- Identify Statistical Trends to ensure ongoing success month after month
- Take a team approach to Case Acceptance
- Promote and protect your Observation Program
- Re-enroll Pending Patients
- 8 hours of continuing education



This workshop will also include 3 months of post-meeting support!

TESTIMONIALS

"My conversion percentage increased 20% overnight."

Dr. Corwyn Hopke Hopke Orthodontics

"You ladies all make me want to work harder, smarter and love on people more and more." Jennifer Poole

Dr. Jenny Maple – Maple Orthodontics

"Above and beyond expectations, superb."

Alexandra Morton

Dr. Sonia Palleck – Palleck Orthodontics

"Not a better program out there. 20 years in dental and nothing comes close."

Karen Skoglund Dr. Adam Daniels & Dr. Rola Alkhatib Connecticut Valley Orthodontics

"Peniche Systems = Success!!"

Sus an Stoecklein Dr. Chris Murphy – Murphy Orthodontics

"Peniche has been a game changer for our office!"

Megan Zalunardo

Dr. Cam Wheeler - Wheeler Orthodontics

TREATMENT COORDINATOR INTENSIVE+TO ENHANCE YOUR SUCCESS



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

SELECT DATE:				
July 19 & 20, 2024	Location: Hyatt Regen	cy Mission Bay 1441	Quivira Rd., San Diego, C	A 92109
November 15 & 16, 2024	Location: Hyatt Regen	cy Mission Bay 1441	Quivira Rd., San Diego, C	A 92109
WORKSHOP HOURS: FRIDAY 8:30	AM - 4:30 PM • SATURDA	NY 8:00 AM - 12:00	PM	
PRACTICE NAME:	DATE:			
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:				
EMAIL				
IS YOUR OFFICE PART OF A DSO (DENTA	L SERVICE ORGANIZATION)? 🔲 YE	S NO IF YES,	DSO NAME:	
ATTENDEE'S NAME	POSITION	TUITION	TOTAL	
1)		\$925		
2)		\$825		
3)		\$825		
4)		\$825		
5)		\$825		
6)		\$825		
			PROMO CODE:	
Early Bird: Receive an additional Stothe workshop.	550 courtesy per attendee wh	en booked 45 days pri	or TUITION TOTAL	
Tuition Policy: The tuition is nor to the next available Workshop for	•	the Workshop. How	ever, tuition may be trai	nsferred
Please check one: Master C	ard 🔲 Visa 🔲 America	in Express		
Card#:	Expira	tion Date:	CVC:	
Printed Name of Cardholder:				
Cardholder Signature: *By signing, you acknowledge that y	you have read, understand and	d agree with the cance	lation policy above.	
Are you a Mari's List member? Are you an Elite Dental Alliance	e member? 🔲 Yes 🔲	No No If Yes, Member		
Whom may we thank for referr	ing you to our Workshop?	Mailer Inter	net 🔲 Other (please sp	pecify)
Your confirmation packet will be servations. Please confirm regithemselves as part of Peniche / 1	stration prior to booking yo	ur travel arrangemer	nts. Individuals must ider	
To what email address should the	e packet be sent?			
Please check here if you do no	ot want to receive future en	nails on upcoming co	urses and events.	