

### OFFICE MANAGEMENT ACADEMY<sup>TM</sup>

This 2-day course guides the orthodontic practice executive to achieve their full potential. The office executive is trained to understand the business of orthdontics while building an exceptional team.

## EACH COURSE IS TAUGHT BY LEEANN PENICHE

### LIMIT: 20 STUDENTS

The Office Management Team will be given the tools needed to hire dedicated staff, develop position performance standards and track trends through detailed reports, dashboards and benchmarks. The resulting executive will be the voice in the practice to inspire team loyalty, nurture trust and encourage greatness.



#### THIS WORKSHOP WILL ALSO INCLUDE 30 DAYS OF POST-MEETING SUPPORT



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## WHAT TO EXPECT

Through the proven **Peniche Systems** you will:

- Establish job performance standards for:
  - O Clinical Assistants
  - O Treatment Coordinators
  - Financial Coordinators
  - O Scheduling Coordinators
  - 0 Marketing Coordinators.
- Discover how to create job descriptions, compensation packages, and reward systems.
- Understand how to perform effective job evaluations.
- Analyze and develop a fluid clinical schedule.
- Identify statistical trends.
- Learn the Credit Management Systems that focus on Accounts Receivable for both insurance and patient accounts.
- Create management leads.
- Become the gold standard of an Orthodontic Management Executive.



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# THE BUSINESS OF EXCELLENCE

COMPLETE THIS FORM & EMAIL TO INFO@PENICHETEAM.COM OR FAX TO 503.666.8538

#### SELECT DATE: 🗌 MARCH 6 & 7, 2025

LOCATION: PORTLAND, OR

WORKSHOP HOURS: THURSDAY 8:30AM - 4:00PM | FRIDAY 8:00AM - 12:00PM

INCLUDES: 30 DAYS OF POST-COURSE SUPPORT. EACH COURSE IS TWO DAYS WITH A CONTINENTAL BREAKFAST, CATERED LUNCH, AND AN AFTERNOON RECEPTION ON THE FIRST DAY.

PRACTICE NAME: DATE: ADDRESS: CITY:		ZIP: PHONE:					
				ATTENDEE'S NAME	POSITION	TUITION	TOTAL
				1		\$1,480	
				2		\$1,480	
3		\$1,480					
4		\$1,480					
5		\$1,480					
6		\$1,480					
PROMO CODE:							
PLEASE CHECK ONE: MASTER							
CARD #:	E	XPIRATION DATE:	CVC:				
PRINTED NAME OF CARDHOLDER	2:						
CARDHOLDER SIGNATURE:							
*BY SIGNING, YOU ACKNOWLEDGE THAT Y	OU HAVE READ, UNDERSTAND, AND	O AGREE WITH THE CONTENT ABC	VE.				
ARE YOU A MARI'S LIST MEMBER	? 🗌 YES 🗌 NO						
ARE YOU AN ELITE DENTAL ALLIA	NCE MEMBER? YES NO	IF YES, MEMBER ID#					
WHOM MAY WE THANK FOR REFE							
YOUR CONFIRMATION PACKET W IN BOOKING YOUR HOTEL RESERV ARRANGEMENTS.							
TO WHAT EMAIL ADDRESS SHOUL	D THE PACKET BE SENT?						

PLEASE CHECK HERE IF YOU DO NOT WANT TO RECEIVE FUTURE EMAILS ON UPCOMING COURSES AND EVENTS.

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