

MASI ARKETING

This 2-day course will train the orthodontics Marketing Coordinator to thrive in this ever-changing world of marketing and advertising. Receive expert guidance on how to build the brand, develop strategc marketing campaigns, and increase New Patient Exams.



EACH COURSE WHAT TO **IS TAUGHT BY TONY** & LEEANN PENICHE

LIMIT: 18 STUDENTS

The marketing team will be given the tools needed to refine the practice brand, build SEO value, create social media campaigns, track results, increase website traffic and establish key milestones. The resulting executive will be the creative visionary of the practice that will showcase the doctor and practice in a new light that resonates with this new generation of millennial parents.



SCAN HERE TO REGISTER **TODAY!**



THIS WORKSHOP WILL **INCLUDE 30 DAYS OF POST-MEETING** SUPPORT!

EXPECT

Through the proven Peniche Systems you will:

- Increase New Patient Exams: Learn systems to boost referrals from professionals, patients, communities, and internet sources.
- Support and Resources: Access stepby-step instructions, design templates, supplier contacts, and 8 weeks of support post-meeting.
- **Marketing Coordinator Training:** Equip your coordinator with tools and training to plan, execute, and analyze campaigns effectively.
- Increase Google Reviews: Master systems to add 300+ Google Reviews in 8 weeks and manage your online reputation effectively.
- **Personal Branding & Relationships:** • Build strong professional partnerships and leverage personal branding to increase referrals.
- Innovative Marketing Tools: Discover creative tools like NFC tags, digital cards, AI language translators, and video strategies to enhance engagement.





ENHANCE YOUR BRANDING & MARKETING

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

SELECT DATE: 🗌 APRIL 3 & 4, 2025

LOCATION: PORTLAND, OR COURSE FEE: \$1,480

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.

ARE YOU AN ORTHODONTIC PRACTICE? YES NO

IF NO, WHAT IS YOUR PRACTICE'S SPECIALTY?

PRACTICE NAME:	
DOCTOR'S NAME:	STATE:
TODAY'S DATE:	ZIP:
ADDRESS:	PHONE:
CITY:	EMAIL:

ATTENDEE'S NAME	POSITION	TUITION	TOTAL
1		\$1,480	
2		\$1,480	
3		\$1,480	
4		\$1,480	
5		\$1,480	
6		\$1,480	

EARLY BIRD: RECIEVE AN ADDITIONAL \$50 COURTESY PER ATTENDEE WHEN BOOKED OVER 45 DAYS PRIOR TO THE WORKSHOP. TUITION TOTAL: ______ PROMO CODE: _____

PLEASE CHECK ONE:	MASTER CARD	VISA [AMERICAN EXPRESS
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CARD #:	EXPIRATION DATE:	CVC:
PRINTED NAME OF CARDHOLDER		

CARDHOLDER SIGNATURE:

*BY SIGNING, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AND AGREE WITH THE CONTENT ABOVE.

ARE YOU A MARI'S LIST MEMBER? YES NO

ARE YOU AN ELITE DENTAL ALLIANCE MEMBER? YES NO IF YES, MEMBER ID# ____

WHOM MAY WE THANK FOR REFERRING YOU TO OUR WORKSHOP? MAILER INTERNET

YOUR CONFIRMATION PACKET WILL BE SENT TO YOU VIA EMAIL AND WILL INCLUDE INSTRUCTIONS TO ASSIST IN BOOKING YOUR HOTEL RESERVATIONS. PLEASE CONFIRM REGISTRATION PRIOR TO BOOKING YOUR TRAVEL ARRANGEMENTS.

TO WHAT EMAIL ADDRESS SHOULD THE PACKET BE SENT? ____

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