



YOUR VISION. OUR STRATEGY.

TREATMENT COORDINATOR INTENSIVE PLUS

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



SCAN HERE TO REGISTER TODAY!



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

OUR 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!"

SUSAN STOECKLEIN
DR. CHRIS MURPHY - MURPHY ORTHODONTICS

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

MEGAN ZALUNARDO
DR. CAM WHEELER - WHEELER ORTHODONTICS

ENHANCE YOUR SUCCESS

COMPLETE THIS FORM & EMAIL TO INFO@PENICHETEAM.COM OR FAX TO 503.666.4937

SELECT DATE: MARCH 14 & 15, 2025

LOCATION: HYATT REGENCY MISSION BAY 1441 QUIVIRA RD., SAN DIEGO, CA 92109

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

PRACTICE NAME: _____ STATE: _____

DOCTOR'S NAME: _____ ZIP: _____

TODAY'S DATE: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY: _____

ARE YOU AN ORTHODONTIC PRACTICE? YES NO

IF NO, WHAT IS YOUR PRACTICES SPECIALTY?

IS YOUR OFFICE OF A DSO (DENTAL SERVICE ORGANIZATION)? YES NO

IF YES, DSO NAME: _____

ATTENDEE'S NAME	POSITION	TUITION	TOTAL
1. _____	_____	\$925	_____
2. _____	_____	\$825	_____
3. _____	_____	\$825	_____
4. _____	_____	\$825	_____
5. _____	_____	\$825	_____
6. _____	_____	\$825	_____

EARLY BIRD: RECIEVE AN ADDITIONAL \$50 COURTESY PER ATTENDEE WHEN BOOKED OVER 45 DAYS PRIOR TO THE WORKSHOP.

PROMO CODE: _____

TUITION TOTAL: _____

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 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 SOCIAL MEDIA
 OTHER (PLEASE SPECIFY) _____

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. INDIVIDUALS MUST IDENTIFY THEMSELVES AS PART OF PENICHE/TCI PLUS AT THE TIME OF RESERVATIONS TO BE ELIGIBLE FOR THE SPECIAL GROUP RATE.

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.