



YOUR VISION. OUR STRATEGY.

# OFFICE MANAGEMENT ACADEMY™

This 2-day course guides the orthodontic practice executive to achieve their full potential. The office executive is trained to understand the business of orthodontics 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**



**SCAN HERE TO  
LEARN MORE &  
REGISTER ONLINE**

## WHAT TO EXPECT

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

- Establish job performance standards for:
  - Clinical Assistants
  - Treatment Coordinators
  - Financial Coordinators
  - Scheduling Coordinators
  - 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.

# THE BUSINESS OF EXCELLENCE

COMPLETE THIS FORM & EMAIL TO [INFO@PENICHETEAM.COM](mailto:INFO@PENICHETEAM.COM) OR FAX TO 503.666.8538

SELECT DATE: ☐ JUNE 26 & 27, 2025 ☐ OCTOBER 2 & 3, 2025

LOCATION: **PORTLAND, OR** TUITION IS \$1,480 FOR 1ST STUDENT, \$1,280 FOR EACH ADDITIONAL STUDENT.

**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: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

|    | ATTENDEE'S NAME | POSITION | TUITION | TOTAL |
|----|-----------------|----------|---------|-------|
| 1. | _____           | _____    | \$1,480 | _____ |
| 2. | _____           | _____    | \$1,280 | _____ |
| 3. | _____           | _____    | \$1,280 | _____ |
| 4. | _____           | _____    | \$1,280 | _____ |
| 5. | _____           | _____    | \$1,280 | _____ |
| 6. | _____           | _____    | \$1,280 | _____ |

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

☐ 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.

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.