



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

**TREATMENT<sup>TM</sup>  
COORDINATOR  
INTENSIVE PLUS**

**SCAN HERE &  
REGISTER  
TODAY!**

# ENHANCE YOUR SUCCESS

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

SELECT DATE: ☐ DECEMBER 5 & 6, 2025 ☐ MARCH 27 & 28, 2026

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. _____	_____	<b>\$925</b>	_____
2. _____	_____	<b>\$825</b>	_____
3. _____	_____	<b>\$825</b>	_____
4. _____	_____	<b>\$825</b>	_____
5. _____	_____	<b>\$825</b>	_____
6. _____	_____	<b>\$825</b>	_____

**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.