

# 3 Goals Workshop and Boot Camp Workshop Registration Form



To register, please complete this form and fax to **414-332-0909** (No cover sheet required.)

Please register our office for the (check all that apply) workshop(s).

- |  |  |
|--|--|
| <input type="checkbox"/> Minneapolis, MN - April 2 <sup>nd</sup><br>(early deadline - March 25 <sup>th</sup> ) | <input type="checkbox"/> Boston, MA - September 24 <sup>th</sup><br>(early deadline- Sept 17 <sup>th</sup> ) |
| <input type="checkbox"/> Milwaukee, WI - June 4 <sup>th</sup><br>(early deadline- May 28 <sup>th</sup> )       | <input type="checkbox"/> Chicago, IL - November 5 <sup>th</sup><br>(early deadline- Oct 29 <sup>th</sup> )   |

\_\_\_\_\_  
Clinic Name

The following people will be attending:

	DC	CA		DC	CA
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>

Total Attending & Total Amount	# of attendees	Total \$
	<input type="text"/>	<input type="text"/>

**Fees: \$295 Early Sign-up**  
**\*\*\*Extra Discount\*\*\* Economic Emergency Special - \$195 for Early Sign-up Only**  
 \$395.00 per workshop fee includes entire office, doctors and staff. Fax to (414) 332-0909. No cover sheet required.

Method of Payment:  Visa  American Express  MasterCard  Check # \_\_\_\_\_

\_\_\_\_\_  
Credit Card # Expiration Date

Name on Card \_\_\_\_\_

Billing address of card: \_\_\_\_\_  
Street City St. Zip

E-mail: \_\_\_\_\_ [All information is confidential and never shared.]

**PETTY MICHEL ASSOCIATES**  
 PRACTICE DEVELOPMENT  
 Growing and Developing Practices Since 1988

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