

Freedom Package Chiropractic Webinars Registration Form

- FREEDOM PACKAGE** - The basic package includes the monthly webinars and discussion groups for training Marketing Managers and Office Managers, and the Executive webinar every other month. It also includes access to our Members Library. **\$350/mo (Grand Opening Special: \$250/month)**
- FREEDOM PACKAGE With Customized Coaching** - This adds customized consultations, with one for the office manager, one for the marketing manager, and one for the doctor as the CEO. It also includes detailed statistical and \$850/mo (Grand Opening Special – \$650/Month) **Please Call 414-332-4511**
- FREEDOM PACKAGE – With On Site Management Visits** All the above plus we visit your office and provide a thorough analysis, recommendation, and group and one on one training. \$1,250/mo to \$1,850/mo, depending on frequency of visits. **Please Call 414-332-4511**



Practice Management Webinars January 12th - 12:30pm - 1:30pm February 9th - 12:30pm - 1:30pm March 8th - 12:30pm - 1:30pm April 12th - 12:30pm - 1:30pm	Practice Marketing Webinars January 19th - 12:30pm - 1:30pm February 16th - 12:30pm - 1:30pm March 15th - 12:30pm - 1:30pm April 19th - 12:30pm - 1:30pm
Executive/Leadership Webinars February 23rd - 12:30pm - 1:30pm April 26th - 12:30pm - 1:30pm	

To Register:

- Please complete this form, including email address and fax to 877-868-0909 (No cover sheet required.)
- Watch your email for a registration invitation to the webinar
- Complete the registration invitation online
- Follow the instructions in the Webinar confirmation email to participate in the webinar.

Please sign our office up for the **BASIC FREEDOM PACKAGE** and charge our card the Grand Opening fee of \$250 / mo.

NOTE to ACTIVE CLIENTS: There is no additional charge for your office, but please let us know if you want to attend the webinars and we'll send you the link to register.

Clinic Name _____ email address [All information is confidential and never shared.] _____

Method of Payment: Visa American Express MasterCard Check # _____

Credit Card # _____ Expiration Date _____

Name on Card _____ phone: _____

Billing address of card: _____ Street _____ City _____ St. _____ Zip _____

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 Growing and Developing Practices Since 1988
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