

TPMI INTENSIVE SEMINAR

Registration Form

Please complete the form below and fax it to TPMI at 608-463-7477

Office Name: _____

Phone Number: _____

This seminar has *extremely* limited seating and is open to doctors only!

(The seminar gives doctors an extraordinary opportunity to actively participate in role-play and critiques of the 7 chiropractic communications topics.)

The cost is \$1,200.00 per doctor.

YES! Please reserve _____ seat(s) for me for the seminar being held on _____

Name(s) of attendees

Please charge my credit card \$ _____.

TO RESERVE YOUR SEAT AT THIS INTENSIVE SEMINAR, YOU WILL BE CHARGED THE FULL COST OF \$1,200.00 PER DOCTOR IMMEDIATELY UPON REGISTRATION. *THIS AMOUNT IS NON-REFUNDABLE.* THESE INTENSIVE SEMINARS ARE ALWAYS SOLD OUT, AND WE CONSTANTLY HAVE A WAITING LIST OF DOCTORS INTERESTED IN ATTENDING. FOR THIS REASON, WE WANT TO ENSURE THAT A DOCTOR COMMITS TO ATTENDING WHEN REGISTERING.

Visa MasterCard American Express

Name as it appears on card: _____

Billing Address (statement is mailed to):

Credit card number: _____

Expiration date: _____

V-code (3 numbers on the back of your card or 4 numbers on front of Am Ex): _____

Signature: _____

Total Practice Management International

www.tpminternational.com